Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF CALIFORNIA	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

#### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	Part 1: Identify Yourself						
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):			
1.	Your full name						
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	Cal First name  Anthony Middle name  Peters  Last name and Suffix (Sr., Jr., II, III)		Eirst name  Ann  Middle name  Peters  Last name and Suffix (Sr., Jr., II, III)			
2.	All other names you have used in the last 8 years Include your married or						
	maiden names.						
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-6388		xxx-xx-0860			

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**Cal Anthony Peters** Debtor 1 Debtor 2 Laurel Ann Peters Case number (if known) About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 1626 Towell Lane Escondido, CA 92029 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code San Diego County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy

- Over the last 180 days before filing this petition,
   I have lived in this district longer than in any other district.
- ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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	otor 1 Cal Anthony Peter Laurel Ann Peters				Case number (if known)	
Par	t 2: Tell the Court About	Your Bankrupto	y Case			
7.	The chapter of the Bankruptcy Code you are			on of each, see <i>Notice Requ</i> of page 1 and check the ap	ired by 11 U.S.C. § 342(b) for Individuals propriate box.	Filing for Bankruptcy
	choosing to file under	Chapter 7				
		☐ Chapter 11				
		☐ Chapter 12				
		☐ Chapter 13				
8.	How you will pay the fee	about ho order. If	w you may pay. Ty	ypically, if you are paying th	se check with the clerk's office in your loc e fee yourself, you may pay with cash, ca our behalf, your attorney may pay with a c	shier's check, or money
					his option, sign and attach the Application	n for Individuals to Pay
			•	nts (Official Form 103A).  vaived (You may request the	is option only if you are filing for Chapter	7. By law, a judge may.
		but is no	t required to, waive	e your fee, and may do so o	nly if your income is less than 150% of the fee in installments). If you choose this	e official poverty line that
					ed (Official Form 103B) and file it with you	
9.	Have you filed for bankruptcy within the	■ No.				
	last 8 years?	☐ Yes.				
		Dis	trict		Case number	
		Dis	rict	When	Case number	
		Dis	rict	When	Case number	
10.	Are any bankruptcy	■ No				
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.				
		Deb	otor		Relationship to you	
		Dis	rict	When	Case number, if kno	wn
		Deb	otor		Relationship to you	
		Dis	rict	When	Case number, if kno	wn
11.	Do you rent your	□ No. Go	to line 12.			<u>-</u>
	residence?	■ Yes. Ha	as your landlord ob	otained an eviction judgmen	t against you?	
		— 103.	No. Go to line	e 12.		
		_			Eviction Judgment Against You (Form 101	A) and file it with this
			bankruptcy p		violion daugment Against Tou (Follil 101	ny ana me it with this

Filed 05/30/19 Entered 05/30/19 15:57:21 Doc 1 Case 19-03127-MM7 Pg. 4 of 71 Debtor 1 Cal Anthony Peters Debtor 2 Case number (if known) Laurel Ann Peters Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is

alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

	tor 1 Cal Anthony Peter tor 2 Laurel Ann Peters					Case number (if known)
Par	5: Explain Your Efforts t	o Re	ceive a Briefing About Credit Counseling			
		Abo	out Debtor 1:		Abo	out Debtor 2 (Spouse Only in a Joint Case):
15.	Tell the court whether you have received a briefing about credit counseling.	You	I must check one:  I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.		You ■	I must check one:  I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
	The law requires that you receive a briefing about credit counseling before you file for bankruptcy.		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.			Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
	You must truthfully check one of the following choices. If you cannot do so, you are not eligible to		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.			I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
	file.  If you file anyway, the court can dismiss your case, you		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.			Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	will lose whatever filing fee you paid, and your creditors can begin collection activities again.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver			I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
			of the requirement.  To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
			required you to file this case.  Your case may be dismissed if the court is			Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.
			dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you			If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.
			developed, if any. If you do not do so, your case may be dismissed.			Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
		_	Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.			
			I am not required to receive a briefing about credit counseling because of:			I am not required to receive a briefing about credit counseling because of:
			☐ Incapacity.  I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.			Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
			Disability.  My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.			□ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
			Active duty. I am currently on active military duty in a			Active duty. I am currently on active military duty in a military

military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a

motion for waiver credit counseling with the court.

combat zone.

of credit counseling with the court.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver

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	otor 1 otor 2	Cal Anthony Peters Laurel Ann Peters				Case numbe	er (if known)	
Par	t 6:	Answer These Questi	ons for Re	porting Purposes				
16.		t kind of debts do have?	16a.	Are your debts primarily co			fined in 11 U.S.C. § 101(8) as "incurred b	/ an
				☐ No. Go to line 16b.				
				Yes. Go to line 17.				
			16b.	Are your debts primarily but money for a business or investigation.				
				☐ No. Go to line 16c.				
				☐ Yes. Go to line 17.				
			16c.	State the type of debts you o	owe that are not consu	mer debts or busine	ss debts	
17.		you filing under oter 7?	□ No.	I am not filing under Chapter	7. Go to line 18.			
	after prop	ou estimate that any exempt erty is excluded and	■ Yes.	I am filing under Chapter 7. I are paid that funds will be av			perty is excluded and administrative expert?	nses
		inistrative expenses paid that funds will		■ No				
	be a	vailable for ibution to unsecured itors?		☐ Yes				
18.		many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000		<b>2</b> 5,001-50,000	
	owe	estimate that you ?	□ 50-99		□ 5001-10,00 □ 10,001-25,0		☐ 50,001-100,000 ☐ More than100,000	
			☐ 100-19 ☐ 200-99		10,001-25,0	J00	☐ More than 100,000	
19.		much do you	□ \$0 - \$5	50,000	□ \$1,000,001	- \$10 million	☐ \$500,000,001 - \$1 billion	
		nate your assets to orth?		01 - \$100,000		11 - \$50 million	□ \$1,000,000,001 - \$10 billion	
			□ \$100,001 - \$500,000 ■ \$500,001 - \$1 million			1 - \$100 million 101 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion	
20.		much do you	□ \$0 - \$5	50,000	□ \$1,000,001	- \$10 million	☐ \$500,000,001 - \$1 billion	
	estir to be	nate your liabilities e?		01 - \$100,000		1 - \$50 million	□ \$1,000,000,001 - \$10 billion	
			_ ` ′	001 - \$500,000 001 - \$1 million		11 - \$100 million 101 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion	
			<b>—</b> \$500,0				— More than \$60 billion	
Par	t 7:	Sign Below						
For	you		I have exa	amined this petition, and I dec	clare under penalty of	perjury that the infor	mation provided is true and correct.	
							e, under Chapter 7, 11,12, or 13 of title 11 hoose to proceed under Chapter 7.	J
				ney represents me and I did r t, I have obtained and read th			ot an attorney to help me fill out this	
			I request	relief in accordance with the o	chapter of title 11, Uni	ted States Code, spe	ecified in this petition.	
				cy case can result in fines up t			or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1	519,
			/s/ Cal A	Inthony Peters		/s/ Laurel Ann F		
				nony Peters of Debtor 1		Laurel Ann Pete Signature of Debto		
			Executed	on May 30, 2019 MM / DD / YYYY			ay 30, 2019 M / DD / YYYY	_

Debtor 1 Cal Anthony Peter Laurel Ann Peters		Case number (if known)			
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Unite	ed States Code, and have ex	nformed the debtor(s) about eligibility to proceed xplained the relief available under each chapter ebtor(s) the notice required by 11 U.S.C. § 342(b)		
If you are not represented by an attorney, you do not need to file this page.			edge after an inquiry that the information in the		
	/s/ John M. Given SBN	Date	May 30, 2019		
	Signature of Attorney for Debtor		MM / DD / YYYY		
	John M. Given SBN 285745				
	Printed name				
	Law Office of John M. Given				
	Firm name				
	16870 W. Bernardo Drive, Suite 400				
	San Diego, CA 92127				
	Number, Street, City, State & ZIP Code				
	Contact phone (858) 815-3545	Email address	john@johnmgiven.com		
	SBN 285745 CA				
	Bar number & State		<u> </u>		

Fill	in this inforn	nation to identify your case:			
Del	otor 1	Cal Anthony Peters			
Del	otor 2	First Name Middle Name Last Name  Laurel Ann Peters			
	use if, filing)	First Name Middle Name Last Name			
Uni	ted States Bar	nkruptcy Court for the: SOUTHERN DISTRICT OF CALIFORNIA			
	se number _				
(if kn	iown)		_		ck if this is an nded filing
					g
∩f	ficial Fo	rm 106Sum			
		f Your Assets and Liabilities and Certain Statistical Information			12/15
info you	rmation. Fill or original form	and accurate as possible. If two married people are filing together, both are equally responsible for the formation on this form. If you are filing amend ns, you must fill out a new <i>Summary</i> and check the box at the top of this page.  Arrize Your Assets			
Par	t 1: Summ	arize four Assets	_		
					assets of what you own
1.		/B: Property (Official Form 106A/B)		Φ.	504 724 00
		e 55, Total real estate, from Schedule A/B	,	\$	504,724.00
	1b. Copy line	e 62, Total personal property, from Schedule A/B		\$	127,586.60
	1c. Copy line	e 63, Total of all property on Schedule A/B	:	\$	632,310.60
Par	t 2: Summ	arize Your Liabilities			
					<b>liabilities</b> nt you owe
2.		Creditors Who Have Claims Secured by Property (Official Form 106D) e total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D		\$	494,151.00
3.		F: Creditors Who Have Unsecured Claims (Official Form 106E/F) e total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	;	\$	7,325.00
	3b. Copy th	e total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F		\$	111,544.00
		Your total liabilities	\$_		613,020.00
Par	t 3: Summ	arize Your Income and Expenses			
4.		Your Income (Official Form 106I) ombined monthly income from line 12 of Schedule I	;	\$	7,613.00
5.		Your Expenses (Official Form 106J) nonthly expenses from line 22c of Schedule J	;	\$	8,312.54
Par	t 4: Answe	r These Questions for Administrative and Statistical Records			
6.	-	ng for bankruptcy under Chapters 7, 11, or 13? u have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur oth	her s	chedules.
7.	Yes	of debt do you have?			
١.	vviidt Killid C	n debt do you liave:			
		ebts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for old purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a per	rsona	l, family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

Debtor 2	Laurel Ann Peters	Case number (if known)		
	n the <i>Statement of Your Current Monthly Income</i> : Cop A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 L		\$ 11,961.7	7

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 Cal Anthony Peters

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	7,325.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	7,325.00

		r value of the portion yove attached for Part 1. V		•	ries from Part 1, includir	•		\$504,724.00
	San Diego County			Debtor 1 Debtor 2 Debtor 1 At least 0 Other informat	· ·	Chec	structions)	munity property
	City	State ZIP	Code	=	ent property re	\$50 Describe to (such as f	the nature of y	\$504,724.00  our ownership interest ancy by the entireties, or
	Escondido	available, or other description  CA 92029	-0000	Condom	or multi-unit building inium or cooperative tured or mobile home		Who Have Clair	d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?
1.1	1626 Towel	·		•	operty? Check all that apply amily home			nims or exemptions. Put
_	No. Go to Part 2							
1. Dc					ding, land, or similar prope			
think inforr	it fits best. Be mation. If more ver every questi	as complete and accurate a space is needed, attach a son.	as possible. separate she	. If two married p eet to this form. (	e. If an asset fits in more the leople are filing together, both the top of any additional output on the top of any additional output on the leop of the leop o	oth are equally resp pages, write your	onsible for su	pplying correct
Sc	hedule	m 106A/B • <b>A/B: Prope</b>						12/15
Cas	e number							☐ Check if this is an amended filing
Unit	ed States Ban	kruptcy Court for the: S	OUTHERN	DISTRICT OF	CALIFORNIA			
	otor 2 use, if filing)	Laurel Ann Peters First Name	Middle N	lame	Last Name			
		First Name	Middle N	lame	Last Name			
Deb	otor 1	Cal Anthony Peters						

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

ebtor 1 ebtor 2			ase number (if known)	
Cars, v	vans, trucks, tractors, sport utilit	y vehicles, motorcycles		
□No				
Yes				
1 Ma	<sub>ake:</sub> Honda	Who has an interest in the property? Check one	Do not deduct secured clar the amount of any secure	
Мс	odel: Fit	Debtor 1 only	Creditors Who Have Clair	
Ye	ear: <b>2017</b>	Debtor 2 only	Current value of the	Current value of the
Ар	oproximate mileage: 8,00	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	ther information:	At least one of the debtors and another		
Av	verage Condition - Leasehold	Check if this is community property (see instructions)	\$12,525.00	\$12,525.00
. Ma	ake: <b>Honda</b>	Who has an interest in the property? Check one	Do not deduct secured cla	
Мс	odel: Civic	Debtor 1 only	the amount of any secure Creditors Who Have Clair	
	ear: <b>2015</b>	☐ Debtor 2 only		, , ,
Ар	oproximate mileage: 38,00		Current value of the entire property?	Current value of the portion you own?
Otl	ther information:	☐ At least one of the debtors and another		
A۷	verage Condition			
		Check if this is community property (see instructions)	\$8,172.00	\$8,172.00
Ma	ake: Coachmen	Who has an interest in the property? Check one	Do not deduct secured clause the amount of any secure	
Мс	odel: Freelander 21QB	Debtor 1 only	Creditors Who Have Clair	
Ye	ear: <b>2008</b>	Debtor 2 only	Current value of the	Current value of the
Ap	oproximate mileage: 50,00	<b>0</b> ■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
_	ther information:	At least one of the debtors and another		
Αv	verage Condition	_	\$16.250.00	\$46.2E0.00
		1	Ψ10,230.00	\$16,250.00
<b>Watero</b> Example ■ No	craft, aircraft, motor homes, ATV les: Boats, trailers, motors, persona	Check if this is community property (see instructions)  s and other recreational vehicles, other vehicles, and watercraft, fishing vessels, snowmobiles, motorcycle and watercraft.		\$16, <i>2</i>
Yes				
\dd tl	the dollar value of the portion you	own for all of your entries from Part 2, including a	ny entries for	£20.047.00
		rite that number here		\$36,947.00
	Describe Your Personal and Househo	Id Items e interest in any of the following items?		Current value of the
you	own or have any legal or equitable	e interest in any or the following items:	<u>.</u>	portion you own?  Do not deduct secured claims or exemptions.
	ehold goods and furnishings apples: Major appliances, furniture, lin	ens, china, kitchenware		·
Yes	s. Describe			
	Γ			<b>A. a.</b> .
	Misc. House	hold Items		\$2,000

Debtor 1 Debtor 2	Cal Anthony Peters Laurel Ann Peters	ase number (if known)
		· /
	Misc. Office Equipment Desk, Computer, Bookcases, printer	\$500.00
□No	<ul> <li>conics</li> <li>coles: Televisions and radios; audio, video, stereo, and digital equipment; computers, print including cell phones, cameras, media players, games</li> <li>describe</li> </ul>	ers, scanners; music collections; electronic devices
	Misc. Household Electronics 2x TV; 2x Mobile Devices; iPad; Laptop	\$600.00
Examp	tibles of value  bles: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other a  other collections, memorabilia, collectibles  Describe	rt objects; stamp, coin, or baseball card collections;
Examp	nent for sports and hobbies  oles: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, go musical instruments  Describe	olf clubs, skis; canoes and kayaks; carpentry tools;
	Misc. Hobby Equiptment Camping Gear	\$200.00
	3x Guitars	\$100.00
■ No	rms nples: Pistols, rifles, shotguns, ammunition, and related equipment  Describe	
☐ No	es  nples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe	
	Misc. Clothes & Apparel	\$700.00
□ No	Iry nples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jew Describe	elry, watches, gems, gold, silver
	Misc. Jewelry	\$1,000.00
Exam	arm animals nples: Dogs, cats, birds, horses	
■ Yes	Describe	\$100.00

Institution name or individual: ☐ Yes. .....

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No

☐ Yes. Give specific information..

#### 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No

☐ Yes. Describe each claim.......

Debtor	2 Laurel Ann Peters		Case number (if known)	
34. <b>Ot</b> ł	er contingent and unliquidated claims of every nature, inclu	uding counterclaims	of the debtor and rights to	set off claims
_ `	es. Describe each claim			
35. <b>An</b>	financial assets you did not already list			
	0			
ΠY	es. Give specific information			
	ld the dollar value of all of your entries from Part 4, including Part 4. Write that number here		ges you have attached	\$85,439.60
Part 5:	Describe Any Business-Related Property You Own or Have an Inter	rest In. List any real esta	ate in Part 1.	
37. <b>Do</b> y	ou own or have any legal or equitable interest in any business-relate	ed property?		
■ No	Go to Part 6.			
☐ Ye	s. Go to line 38.			
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	ı Own or Have an Interes	st In.	
46. <b>Do</b>	you own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You	u Did Not List Above		
	you have other property of any kind you did not already list amples: Season tickets, country club membership	f		
	0			
ΠY	es. Give specific information			
54. <b>A</b>	ld the dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Don't Or	List the Tatala of Early Book of this Early		L	
Part 8:	List the Totals of Each Part of this Form			
	rt 1: Total real estate, line 2			\$504,724.00
	rt 2: Total vehicles, line 5	\$36,947.00		
	rt 3: Total personal and household items, line 15	\$5,200.00		
	rt 4: Total financial assets, line 36	\$85,439.60		
	rt 5: Total business-related property, line 45	\$0.00		
	ert 6: Total farm- and fishing-related property, line 52	\$0.00		
61. <b>P</b>	rt 7: Total other property not listed, line 54 +	\$0.00		
62. <b>T</b>	tal personal property. Add lines 56 through 61	\$127,586.60	Copy personal property to	stal <b>\$127,586.60</b>
			1	

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$632,310.60

Fill in this infor	mation to identify your	case:		
Debtor 1	Cal Anthony Pete	ers		
	First Name	Middle Name	Last Name	
Debtor 2	Laurel Ann Peter	s		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF CALIFORNIA	
Case number				Charle William
(II KNOWN)				☐ Check if this amended filir

#### Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

•	•		
Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
Copy the value from Schedule A/B	Ched	ck only one box for each exemption.	
\$504,724.00		\$60,499.00	C.C.P. § 704.730
		100% of fair market value, up to any applicable statutory limit	
\$8,172.00		\$3,325.00	C.C.P. § 704.010
		100% of fair market value, up to any applicable statutory limit	
\$2,000.00		\$2,000.00	C.C.P. § 704.020
		100% of fair market value, up to any applicable statutory limit	
\$500.00		\$500.00	C.C.P. § 704.020
		100% of fair market value, up to any applicable statutory limit	
\$600.00		\$600.00	C.C.P. § 704.020
		100% of fair market value, up to any applicable statutory limit	
	\$504,724.00 \$8,172.00 \$2,000.00	\$504,724.00	\$504,724.00  \$504,724.00  \$504,724.00  \$60,499.00  100% of fair market value, up to any applicable statutory limit  \$2,000.00  \$100% of fair market value, up to any applicable statutory limit  \$2,000.00  \$100% of fair market value, up to any applicable statutory limit  \$2,000.00  \$100% of fair market value, up to any applicable statutory limit  \$500.00  \$500.00  \$600.00  \$600.00  \$100% of fair market value, up to any applicable statutory limit

Debtor 1 Debtor 2	Cal Anthony Peters Laurel Ann Peters			Case number (if known)	
	f description of the property and line on edule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	c. Hobby Equiptment Camping Gear	\$200.00		\$200.00	C.C.P. § 704.020
	from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit	
-	Guitars	\$100.00		\$100.00	C.C.P. § 704.020
LITIC	Holl Gareage A.E. 5.2			100% of fair market value, up to any applicable statutory limit	
	c. Clothes & Apparel	\$700.00		\$700.00	C.C.P. § 704.020
LITIE	TIOTI Scredule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	
	c. Jewelry	\$1,000.00		\$1,000.00	C.C.P. § 704.040
Line	HOIII Scriedule A/B. 12.1			100% of fair market value, up to any applicable statutory limit	
1 De	og from Schedule A/B: 13.1	\$100.00		\$100.00	C.C.P. § 704.020
LINE	Holl Schedule A/B. 13.1			100% of fair market value, up to any applicable statutory limit	
	ase Bank Checking ****4168 \$8135	\$8,135.00		\$8,135.00	C.C.P. § 704.070
	from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
<b>401</b>	(k) from Schedule A/B: 21.1	\$77,304.60		\$77,304.60	C.C.P. § 704.115(a)(1) & (2), (b)
LING	Holl Schedule A.B. 21.1			100% of fair market value, up to any applicable statutory limit	(6)
	you claiming a homestead exemption oject to adjustment on 4/01/22 and every No			led on or after the date of adjustme	nt.)
	Yes. Did you acquire the property cove	red by the exemption wi	thin 1	,215 days before you filed this case	?
	□ No □ Yes				

					•	
Fill	in this information	n to identify you	ır case:			
Deb	tor 1 C	al Anthony Pe	ters			
		st Name	Middle Name Last Name			
Deb	tor 2	aurel Ann Pete	ers			
(Spot	use if, filing) Fir	st Name	Middle Name Last Name			
Unit	ed States Bankrup	tcy Court for the	SOUTHERN DISTRICT OF CALIFORNIA			
Cas	e number					
(if kno	own)				☐ Check	if this is an
					amend	ded filing
Offi	icial Form 10	<u> </u>				
Sc	hedule D:	Creditors	Who Have Claims Secured	by Propert	V	12/15
				<u> </u>	<u> </u>	
is nee			If two married people are filing together, both are equout, number the entries, and attach it to this form. Or			
1. Do	any creditors have	claims secured b	y your property?			
			his form to the court with your other schedules. Yo	ou have nothing else t	o report on this form.	
	■ Yes. Fill in all o	f the information	below.			
Part	List All Sec	ured Claims				
			more than one secured claim, list the creditor separately	Column A	Column B	Column C
			s a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
much	n as possible, list the	claims in alphabeti	cal order according to the creditor's name.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1	American Hon	da Finance	Describe the property that secures the claim:	\$15.540.00	\$12,525.00	\$3.015.00
	Creditor's Name		2017 Honda Fit 8,000 miles	<b>410,010100</b>	<u> </u>	40,010100
			Average Condition - Leasehold			
	Attn: Bankrup	tcy				
	Po Box 16808	В	As of the date you file, the claim is: Check all that apply.			
	Irving, TX 750	16	☐ Contingent			
	Number, Street, City, S	State & Zip Code	☐ Unliquidated			
			☐ Disputed			
Who	owes the debt?	check one.	Nature of lien. Check all that apply.			
	ebtor 1 only		☐ An agreement you made (such as mortgage or sec	ured		
	ebtor 2 only		car loan)			
■ Debtor 1 and Debtor 2 only □ Statutory lien (such a			☐ Statutory lien (such as tax lien, mechanic's lien)			
ПА	at least one of the deb	otors and another	☐ Judgment lien from a lawsuit			
	Check if this claim re	elates to a	Other (including a right to offset)			
Date	debt was incurred	Opened 03/18 Last Active 4/21/19	Last 4 digits of account number 2977			

Debtor 1	Cal Antho	ny Peters		Case number (if known)		
	First Name	Middle N	ame Last Name			
Debtor 2	Laurel An					
	First Name	Middle N	ame Last Name			
2.2 <b>Am</b>	erican Hor	nda Finance	Describe the property that secures the claim:	\$4,566.00	\$8,172.00	\$0.00
Credi	itor's Name		2015 Honda Civic 38,000 miles			
			Average Condition			
	n: Bankrup	•	As of the date you file, the claim is: Check all that			
	Box 16808	-	apply.			
	ng, TX 750		☐ Contingent			
Numi	per, Street, City, S	State & Zip Code	☐ Unliquidated			
Who owe	s the debt?	heck one	☐ Disputed  Nature of lien. Check all that apply.			
Debtor		oricon oric.	☐ An agreement you made (such as mortgage or	cocurad		
Debtor	,		car loan)	secured		
_	1 and Debtor 2	2 only	☐ Statutory lien (such as tax lien, mechanic's lien)	)		
☐ At least	t one of the del	otors and another	☐ Judgment lien from a lawsuit			
	if this claim re	elates to a	Other (including a right to offset)			
Date debt	was incurred	08/15 Last Active 5/02/19	Last 4 digits of account number 211	8		
2.3 <b>Ba</b> ı	nk Of The V	Vest	Describe the property that secures the claim:	\$29,820.00	\$16,250.00	\$13,570.00
Cred	itor's Name		2008 Coachmen Freelander 21QB			
Att	n: Bankrup	tcv	50,000 miles			
	Montgom	•	Average Condition			
25t	h Floor		As of the date you file, the claim is: Check all that apply.			
Sar	n Francisco	o, CA 94104	☐ Contingent			
Numl	per, Street, City,	State & Zip Code	☐ Unliquidated			
Who owe	s the debt? (	Check one.	☐ Disputed  Nature of lien. Check all that apply.			
☐ Debtor	1 only		☐ An agreement you made (such as mortgage or	secured		
☐ Debtor	2 only		car loan)			
	1 and Debtor 2	2 only	☐ Statutory lien (such as tax lien, mechanic's lien)	)		
☐ At least	t one of the del	otors and another	☐ Judgment lien from a lawsuit			
	if this claim re unity debt	elates to a	Other (including a right to offset)			
Date debt	was incurred	Opened 03/12 Last Active 4/24/19	Last 4 digits of account number 421	3		

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Debtor 1 Cal Anthony Peters				C	ase number (if known)			
	First Name	Middle N	lame	Last Name				
Debtor 2	2 Laurel An	n Peters						
	First Name	Middle N	lame	Last Name				
2.4 <b>C</b> I	hase Mortga	ge	Describe th	e property that secures the	claim:	\$444,225.00	\$504,724.00	\$0.00
Cre	editor's Name		1626 Tow	vell Ln Escondido, CA				
				an Diego County				
Attn: Bankruptcy Dept Po Box 24696 Columbus, OH 43224		As of the data apply.  Continge	ate you file, the claim is: Chec	ck all that				
Nu	mber, Street, City, S	State & Zip Code	☐ Unliquida					
Who ow	ves the debt? C	Check one.	Disputed	ien. Check all that apply.				
☐ Debto	•		An agree car loan	ement you made (such as mort )	tgage or secu	ured		
Debte	or 1 and Debtor 2	2 only	□ Statutory	lien (such as tax lien, mechar	nic's lien)			
☐ At lea	ast one of the deb	otors and another	☐ Judgmer	nt lien from a lawsuit				
	k if this claim re munity debt	elates to a	Other (in	cluding a right to offset)				
Date del	ot was incurred	Opened 03/17 Last Active 4/07/19	Last	4 digits of account number	1370			
Add th	e dollar value o	f your entries in (	Column A on t	his page. Write that number	here:	\$494,151.	00	
	is the last page hat number her		the dollar val	ue totals from all pages.		\$494,151.	00	

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fil	l in this informa	ation to identify your c	ase:						
De	btor 1	Cal Anthony Poter	·c						
	bioi i	Cal Anthony Peter		Name	Last Nam	e			
De	btor 2	Laurel Ann Peters							
(Sp	ouse if, filing)	First Name	Middle	Name	Last Nam	е			
Un	ited States Banl	kruptcy Court for the:	SOUTHE	RN DISTRICT OF CAL	IFORNI	A			
Ca	se number								
	nown)							☐ Check	if this is an
								amend	ed filing
$\sim$ t	4: a: a l □ aa	400E/E							
	ficial Form		ha Hav	a Unacaurad C	Loim	_			12/15
		F: Creditors W					or araditars with NON	IDDIODITY alaima Li	
any Sch Sch left. nam	executory contra edule G: Executo edule D: Creditor Attach the Conti le and case numb	acts or unexpired leases to ory Contracts and Unexpires ors Who Have Claims Secu inuation Page to this page	that could re red Leases ired by Prop e. If you hav	esult in a claim. Also list (Official Form 106G). Do erty. If more space is ne e no information to repo	t executo not inclueded, co	ory contract ude any cre opy the Part	s on Schedule A/B: I ditors with partially s you need, fill it out,	Property (Official For secured claims that a number the entries in	m 106A/B) and on re listed in the boxes on the
		s have priority unsecured							
•	□ No. Go to Pa		olumio aga	mot you.					
	Yes.								
2.	List all of your p	priority unsecured claims e of claim it is. If a claim has claims in alphabetical orde	s both priority	and nonpriority amounts,	, list that of	claim here a	nd show both priority a	and nonpriority amount	s. As much as
	Part 1. If more th	nan one creditor holds a par	ticular claim,	list the other creditors in I	Part 3.				C
	(For an explanati	ion of each type of claim, se	ee the instruc	ctions for this form in the ir	nstruction	booklet.)	Total claim	Priority	Nonpriority
	$\neg$						rotar olami	amount	amount
2.1		e Tax Board - BK De	ept.	Last 4 digits of account	number	****	\$5,934.00	\$5,934.00	\$0.00
	Priority Cred			When was the debt incu	ırred?	2018			
		ento, CA 95812-2952						-	
		eet City State Zip Code		As of the date you file, t	he claim	is: Check a	II that apply		
	_	the debt? Check one.		☐ Contingent					
	Debtor 1 on	lly		☐ Unliquidated					
	Debtor 2 on	ıly		☐ Disputed					
	Debtor 1 an	d Debtor 2 only		Type of PRIORITY unse	cured cla	aim:			
	☐ At least one	of the debtors and another	r	☐ Domestic support obli	gations				
	_	is claim is for a commun		Taxes and certain other	er debts y	ou owe the	government		
		bject to offset?	,	☐ Claims for death or pe	ersonal in	jury while yo	u were intoxicated		
	■ No	,		☐ Other. Specify					
	Yes			Bac	k Taxe	S			
2.2	Internal I	Revenue Service		Last 4 digits of account	number	****	\$1,391.00	\$1,391.00	\$0.00
	Priority Cred	ditor's Name		<b>.</b>				<del>- +1,001100</del>	
	PO Box 7			When was the debt incu	ırred?	2018		-	
		phia, PA 19101-7346 eet City State Zip Code	<u>'</u>	As of the date you file, t	he claim	is: Check a	Ill that apply		
	Who incurred	the debt? Check one.		☐ Contingent			,		
	Debtor 1 on	lly		☐ Unliquidated					
	Debtor 2 on	ıly		☐ Disputed					
	Dobtor 1 on	d Debtor 2 only		Type of PRIORITY unse	cured cla	aim·			
	_	•		☐ Domestic support oblig					
	_	e of the debtors and another		_	•				
		is claim is for a commun	ity debt	Taxes and certain other	-		-		
		bject to offset?		Claims for death or pe	ersonal in	jury while yo	u were intoxicated		
	■ No			Other. Specify	k Taxe	s			
	☐ Yes			Dac	I ave	-			

		Cal Anthony Peters			
Debt	.01 2	Laurel Ann Peters		Case number (if known)	
Part	2:	List All of Your NONPRIORITY Unsecu	red Claims		
3. [	o ar	ny creditors have nonpriority unsecured claims	s against you?		
	□ No	o. You have nothing to report in this part. Submit t	his form to the court with your other sche	edules.	
	Ye		·		
u tl	ınsed	Ill of your nonpriority unsecured claims in the cured claim, list the creditor separately for each claine creditor holds a particular claim, list the other of	aim. For each claim listed, identify what t	ype of claim it is. Do not list claims already inc	cluded in Part 1. If more
					Total claim
4.1		Amex	Last 4 digits of account number	8633	\$4,295.00
		Nonpriority Creditor's Name	-		
		Correspondence/Bankruptcy Po Box 981540	When was the debt incurred?	Opened 01/00 Last Active 5/16/19	
		El Paso, TX 79998	When was the dest mounted.	3/10/13	-
		Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
		Who incurred the debt? Check one.	_		
		Debtor 1 only	Contingent		
		Debtor 2 only	Unliquidated		
		Debtor 1 and Debtor 2 only	Disputed		
		At least one of the debtors and another	Type of NONPRIORITY unsecured  ☐ Student loans		
		☐ Check if this claim is for a community	☐ Obligations arising out of a sepa		
		s the claim subject to offset?	report as priority claims		
	ı	No	$\square$ Debts to pension or profit-sharin	g plans, and other similar debts	
	[	☐ Yes	Other. Specify Credit Card	l .	-
4.2		Amex	Last 4 digits of account number	9323	\$3,279.00
	E	Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998	When was the debt incurred?	Opened 03/00 Last Active 5/10/19	-
		Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply	
	١	Who incurred the debt? Check one.	_		
		Debtor 1 only	☐ Contingent		
	_	Debtor 2 only	Unliquidated		
		Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured	d alaim.	
		At least one of the debtors and another	Student loans	a Claim.	
	c	☐ Check if this claim is for a community debt sthe claim subject to offset?		ration agreement or divorce that you did not	
		■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
		☐ Yes	■ Other Specify Credit Card	1	
		55	- Other. Specify	-	-

	or 1 Cal Anthony Peters  Dr 2 Laurel Ann Peters		Case number (if known)	
1.3	Bank Of America	Last 4 digits of account number	5541	\$39,282.00
	Nonpriority Creditor's Name 4909 Savarese Circle FI1-908-01-50 Tampa, FL 33634	When was the debt incurred?	Opened 04/98 Last Active 5/09/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	■ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	_	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other Specify Credit Card	I	
.4	Bank Of America	Last 4 digits of account number	7084	\$36,360.00
	Nonpriority Creditor's Name 4909 Savarese Circle FI1-908-01-50 Tampa, FL 33634	When was the debt incurred?	Opened 04/90 Last Active 4/22/19	
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
.5	Bright Now Dental Nonpriority Creditor's Name	Last 4 digits of account number	2459	\$2,300.00
	P.O. Box 52858 Irvine, CA 92619	When was the debt incurred?	2019	
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured		
	■ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing		
	☐ Yes	■ Other. Specify Dental Serv	rices	

	or 1 Cal Anthony Peters Laurel Ann Peters		Case number (if known)	
4.6	Chase Card Services	Last 4 digits of account number	8553	\$325.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850 Number Street City State Zip Code	When was the debt incurred?  As of the date you file, the claim i	Opened 02/16 Last Active 4/29/19 s: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing		
	Yes	Other. Specify Credit Card	<u> </u>	
4.7	Citi/Sears Nonpriority Creditor's Name	Last 4 digits of account number	4478	\$1,265.00
	Citibank/Centralized Bankruptcy Po Box 790034	When was the debt incurred?	Opened 02/12 Last Active 4/15/19	
	St Louis, MO 63179  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.8	Citibank/The Home Depot	Last 4 digits of account number	6898	\$6,568.00
	Nonpriority Creditor's Name Attn: Recovery/Centralized Bankruptcy Po Box 790034	When was the debt incurred?	Opened 04/17 Last Active 4/23/19	
	St Louis, MO 63179  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharin	a plane, and other cimilar debte	
	■ No			
	☐ Yes	■ Other. Specify Charge Acc	count	

	r 1 Cal Anthony Peters Laurel Ann Peters		Case number (if known)						
4.9	Citibank/The Home Depot	Last 4 digits of account number	9100	\$5,120.00					
	Nonpriority Creditor's Name Attn: Recovery/Centralized Bankruptcy Po Box 790034	When was the debt incurred?	Opened 12/10 Last Active 5/12/19						
	St Louis, MO 63179  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply						
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not						
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify Charge Acc	count						
4.1	Comenity Bank/Pier 1	Last 4 digits of account number	9740	\$529.00					
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125	When was the debt incurred?	Opened 06/08 Last Active 4/11/19						
	Columbus, OH 43218  Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply						
	Who incurred the debt? Check one.	•	,						
	Debtor 1 only								
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	a separation agreement or divorce that you did not						
	No	Debts to pension or profit-sharing	g plans, and other similar debts						
	Yes	Other. Specify Charge Acc	count						
4.1	Comenity Bank/Torrid Nonpriority Creditor's Name	Last 4 digits of account number	0392	\$287.00					
	Attn: Bankruptcy Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 12/16 Last Active 4/15/19						
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply						
	☐ Debtor 1 only	☐ Contingent							
	■ Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:						
	☐ Check if this claim is for a community debt		separation agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims							
	No	Debts to pension or profit-sharing							
	☐ Yes	■ Other. Specify Charge Acc	count						

	or 1 Cal Anthony Peters Laurel Ann Peters		Case number (if known)	
4.1 2	Kohls/Capital One	Last 4 digits of account number	1968	\$109.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 04/04 Last Active 4/01/19	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	_ '		
		☐ Disputed  Type of NONPRIORITY unsecure	d claim:	
	☐ At least one of the debtors and another	☐ Student loans	- O.d	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?		aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	<del>- :</del>	
4.1	Syncb/car Care Exprss  Nonpriority Creditor's Name	Last 4 digits of account number	3165	\$390.00
	Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 12/16 Last Active 5/10/19	
	Number Street City State Zip Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	■ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.1	Synchrony Bank/ JC Penneys  Nonpriority Creditor's Name	Last 4 digits of account number	8820	\$372.00
	Attn: Bankruptcy Po Box 956060 Orlando, FL 32896	When was the debt incurred?	Opened 02/12 Last Active 5/02/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	■ Other. Specify Charge Acc	count	

	or 1 Cal Anthony Peters Laurel Ann Peters		Case number (if known)				
4.1 5	Synchrony Bank/Care Credit	Last 4 digits of account number	9731	\$1,459.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 01/12 Last Active 5/09/19				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured  ☐ Student loans	d claim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?		rration agreement or divorce that you did not				
	■ No □ Yes	□ Debts to pension or profit-sharin ■ Other. Specify Charge Acc	<del>- ·</del>				
4.1 6	Synchrony Bank/Gap	Last 4 digits of account number	8446	\$259.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 06/10 Last Active 5/07/19				
	Number Street City State Zip Code  Who incurred the debt? Check one.  As of the date you file, the clair		s: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Credit Card	<u> </u>				
4.1	Synchrony Bank/Lowes  Nonpriority Creditor's Name	Last 4 digits of account number	7126	\$1,581.00			
	Attn: Bankruptcy Po Box 965060 Orlando, FL 32896	When was the debt incurred?	Opened 06/15 Last Active 4/29/19				
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed	d alaim.				
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	Is the claim subject to offset?	Debts to pension or profit-sharin	a plane, and other similar debte				
	■ No						
	☐ Yes	■ Other. Specify Charge Acc	Journal				

Debtor 1 C Debtor 2 L		ony Peters In Peters		Case n	umber (if known)	
		Bank/TJX	Last 4 digits of account number	5567	•	\$281.00
Po	priority Cred Box 965 ando, FL		When was the debt incurred?	Ope 5/07	ned 04/19 Last Active /19	
Num	ber Street (	City State Zip Code	As of the date you file, the clain	n is: Chec	k all that apply	
_ `	Debtor 1 onl		☐ Contingent			
<b>■</b> D	Debtor 2 onl	у	☐ Unliquidated			
	Debtor 1 and	d Debtor 2 only	☐ Disputed			
ПА	At least one	of the debtors and another	Type of NONPRIORITY unsecur	ed claim:		
debt	t	s claim is for a community bject to offset?		paration a	greement or divorce that you did not	
Is the		bject to offset?	report as priority claims  Debts to pension or profit-shar	ing plans	and other similar debts	
			Other. Specify Credit Car	•	and other similar debte	
4.1 9 <b>Sy</b> n	nchrony	Bank/Walmart	Last 4 digits of account number	6365	j	\$7,483.00
Nonp Attr Po	priority Cred n: Bank Box 965 ando, FL	060	When was the debt incurred?	Ope 5/06	ned 03/02 Last Active /19	
Num	ber Street (	City State Zip Code  the debt? Check one.	As of the date you file, the clain	ı is: Chec	k all that apply	
_	Debtor 1 onl		☐ Contingent			
	Debtor 2 onl	у	☐ Unliquidated			
■ D	Debtor 1 and	d Debtor 2 only	☐ Disputed			
ПА	At least one	of the debtors and another	Type of NONPRIORITY unsecur	ed claim:		
		s claim is for a community	☐ Student loans			
debt Is the		bject to offset?	☐ Obligations arising out of a sepreport as priority claims	paration a	greement or divorce that you did not	
■ N			Debts to pension or profit-shar	ing plans,	and other similar debts	
□Y	'es		Other. Specify Charge Ac	ccount		
Part 3: Li	ist Others	s to Be Notified About a Debt	That You Already Listed			
is trying to have more notified for	collect fro than one c any debts	m you for a debt you owe to son reditor for any of the debts that in Parts 1 or 2, do not fill out or mounts for Each Type of Uns	neone else, list the original creditor you listed in Parts 1 or 2, list the ad- submit this page. secured Claim	in Parts 1 ditional c	ady listed in Parts 1 or 2. For examp or 2, then list the collection agency reditors here. If you do not have add	y here. Similarly, if you ditional persons to be
type of uns				roporting	Total Claim	
Total	6a.	Domestic support obligations		6a.	\$ 0.00	-
claims from Part 1	6b.	Taxes and certain other debts	you owe the government	6b.	\$ 7,325.00	_
	6c. 6d.		ijury while you were intoxicated cured claims. Write that amount here.	6c. 6d.	\$ 0.00 \$ 0.00	- - -
	6e.	Total Priority. Add lines 6a throu	igh 6d.	6e.	\$	-
Total claims	6f.	Student loans		6f.	Total Claim \$ 0.00	

Debtor 1 Cal Anthony Peters Debtor 2 Laurel Ann Peters			Case nu		
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	111,544.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	111,544.00

Fill in this infor				
Debtor 1	Cal Anthony Pete	ers		
	First Name	Middle Name	Last Name	
Debtor 2	Laurel Ann Peters	s		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF CALIFORNIA	
Case number (if known)				☐ Check if this is an amended filing

#### Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have the r, Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.3	,				
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4	,				
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_
2.5	- C,		Sidio		
-	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

Official Form 106G

Case 19-03127-MM7 Filed 05/30/19 Entered 05/30/19 15:57:21 Doc 1 Pg. 31 of 71

Fill in this i	information to identify ye	our case:			
Debtor 1	Cal Anthony F	eters eters			
<b>D</b> 1 / 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	Laurel Ann Pe First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for th	e: SOUTHERN DISTRIC	T OF CALIFORNIA		
Case numb	er				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106H				
Sched	ule H: Your Co	odebtors			12/15
your name	and case number (if kno	wn). Answer every question  (If you are filing a joint case	n.		of any Additional Pages, write
■ No					
■ No					
		you lived in a community pana, Nevada, New Mexico, P			states and territories include
				,	
	Go to line 3.  Did your spouse, former s	spouse, or legal equivalent liv	ve with you at the time?		
<b>—</b> 100.	Did your spouse, former	spoude, or legal equivalent in	o with you at the time.		
in line Form 1 out Co	2 again as a codebtor or	nly if that person is a guara	ntor or cosigner. Make	sure you have listed the 6G). Use Schedule D, S	with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill ditor to whom you owe the debt
N	ame, Number, Street, City, State a	nd ZIP Code		Check all schedules	•
3.1				☐ Schedule D, line	
	lame			☐ Schedule E/F, lir	
				☐ Schedule G, line	
	lumber Street City	State	ZIP Code	_	
3.2				☐ Schedule D, line	
	lame			Schedule E/F, lire	
				☐ Schedule G, line	
	lumber Street			_	
C	City	State	ZIP Code		

Fill in this information	to identify your case:	
Debtor 1	Cal Anthony Peters	_
Debtor 2 (Spouse, if filing)	Laurel Ann Peters	_
United States Bankrup	otcy Court for the: SOUTHERN DISTRICT OF CALIFORNIA	_
Case number (If known)		Check if this is:  An amended filing A supplement showing postpetition chapter
Official Form	1061	13 income as of the following date:  MM / DD/ YYYY

#### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filling spouse
	If you have more than one job,	Empleyment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Director of Engineering	
	Include part-time, seasonal, or self-employed work.	Employer's name	The Circus	
	Occupation may include student or homemaker, if it applies.	Employer's address	1234 I Declare a Thumb War Poway, CA 92064	
		How long employed the	nere? 19 years	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
 Estimate and list monthly overtime pay.

2. \$ 7,613.00 \$ 0.00
3. +\$ 0.00 +\$ 0.00
4. \$ 7,613.00 \$ 0.00

For Debtor 2 or

For Debtor 1

4. Calculate gross Income. Add line 2 + line 3.

	otor 1 otor 2	Cal Anthony Peters Laurel Ann Peters	_	Ca	ise number (if kno	own)			
	0	and the same	4		For Debtor 1		non-	Debtor 2 or -filing spouse	
	Cop	y line 4 here	4.	\$	7,613	.00	\$	0.00	-
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$		.00	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.			.00	\$_	0.00	-
	5c.	Voluntary contributions for retirement plans	5c.	\$		.00	\$	0.00	=
	5d.	Required repayments of retirement fund loans	5d.	\$		.00	\$	0.00	
	5e.	Insurance	5e.	\$	0.	.00	\$	0.00	-
	5f.	Domestic support obligations	5f.	\$	0.	.00	\$	0.00	-
	5g.	Union dues	5g.	\$	0	.00	\$	0.00	-
	5h.	Other deductions. Specify:	5h	+ \$	0.	.00	+ \$	0.00	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0	.00	\$	0.00	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	7,613	.00	\$	0.00	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-	Φ.			<b>.</b>		-
	O.L.	monthly net income.  Interest and dividends	8a.	\$ \$		.00	\$	0.00	
	8b. 8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8b. : 8c.	\$		.00	» \$	0.00	=
	8d.	Unemployment compensation	8d.	\$		.00	\$_	0.00	-
	8e.	Social Security	8e.	\$		.00	\$	0.00	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$		.00	\$	0.00	-
	8g.	Pension or retirement income	8g.	\$		.00	\$	0.00	-
	8h.	Other monthly income. Specify:	8h	+ \$	0	.00	+ \$	0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0	.00	\$	0.00	D
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$		7,613.00	+ \$		0.00 = \$	7,613.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	,		1,01010	' -			.,
11.	Incl othe	te all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:	deper				•	Schedule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes						12. \$ <b>Combi</b> r	
13.	Do :	you expect an increase or decrease within the year after you file this form	?					monthly	y income
		No.							
		Yes. Explain:							

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	ation to identify yo	our case:							
Deb	tor 1	Cal Anthony	Peters			Ch	eck if this	s is:		
		<u> </u>	. 0.0.0				An am	ended filing		
	tor 2 ouse, if filing)	Laurel Ann F	Peters						wing postpetition chapt the following date:	er
	,									
Unit	ed States Bank	ruptcy Court for the	: SOUTH	IERN DISTRICT OF CALIF	FORNIA		MM / [	DD / YYYY		
1	e number nown)									
Of	fficial Fo	rm 106J								
So	chedule	J: Your	Exper	ises					•	2/1
info	rmation. If m		eded, atta	If two married people ar ch another sheet to this n.						
Par		ribe Your House	hold							
1.	Is this a join									
	□ No. Go to	o line 2. es Debtor 2 live i	in a sonar	ata housahold?						
			iii a sepai	ate nousenoid:						
	■ N	-	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of De	ebtor 2.			
2.	Do you hav	e dependents?	■ No							
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati		De ag	pendent's	Does dependent live with you?	
	Do not state								□ No	
	dependents	names.							☐ Yes ☐ No	
									□ No □ Yes	
									□ No	
									Yes	
									□ No □ Yes	
3.		penses include		No					<b>□</b> 163	
		of people other to d your depende	han $_{f \Box}$	Yes						
				_						
Est exp	imate your ex	a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp						
the	value of suc	h assistance an		government assistance it luded it on <i>Schedule I: Y</i>				Your exp	enses	
(Un	ficial Form 10	JUI.)								
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4.	\$		3,042.04	
	If not include	ded in line 4:								
	4a. Real	estate taxes				4a.	\$		0.00	
	4b. Prope	erty, homeowner's				4b.			0.00	
				ipkeep expenses		4c.			150.00	
5.		eowner's associat mortgage payme		dominium dues our residence, such as ho	me equity loans	4d. 5.			0.00	

Cal Anthony Peters			
Laurel Ann Peters	Case num	ber (if known)	
ities:			
	6a.	\$	180.00
	6b.	\$	150.00
Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	500.00
Other. Specify: Corky's Pest Control	6d.	\$	50.00
		\$	100.00
		\$	30.00
<u> </u>		\$	800.00
. •			0.00
	9.	\$	350.00
<u> </u>		\$	200.00
•		\$	1,020.50
•		· —	<u> </u>
	12.	\$	200.00
ertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	80.00
ritable contributions and religious donations	14.	\$	0.00
		•	
		·	187.00
			0.00
		·	240.00
· · ·	15d.	\$	0.00
cify:	16.	\$	0.00
	47-	Φ.	000.00
		:	289.00
• •		*	205.00
		·	389.00
		\$	0.00
		\$	0.00
	. 10.	·	0.00
	10	Ψ	0.00
	-	our Income	
			0.00
		·	0.00
		*	0.00
			0.00
		*	0.00
		· <u> </u>	150.00
er. Specify. Per Care		-Ψ	150.00
Add lines 4 through 21.		\$	8,312.54
. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
Add line 22a and 22b. The result is your monthly expenses.		\$	8,312.54
culate your monthly net income			
	232	\$	7,613.00
		· -	8,312.54
. Oopy your monung expenses nom interact above.	۷۵۵.	Ψ	0,312.34
	23c.	\$	-699.54
example, do you expect to finish paying for your car loan within the year or do you expect yo			ease or decrease because of a
Voc. Evolain here:			
	tites: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Corky's Pest Control Gardner Best Security d and housekeeping supplies dcare and children's education costs thing, laundry, and dry cleaning sonal care products and services lical and dental expenses supportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rrance. not include insurance deducted from your pay or included in lines 4 or 20.  Life insurance Uther insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or 20.  cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: RV Other. Specify: RV Other. Specify: r payments for J soft included in lines 4 or 5 of this form or on Scl Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Pet Care sulate your monthly expenses Add line 22 and 22b. The result is your monthly expenses.  Bullate your monthly expenses Copy line 12 (your combined monthly income) from Schedule I. Copy line 22 (monthly expenses from plur combined monthly income) Copy line 12 (your combined monthly income) from Schedule I. Copy line 22 (monthly expenses from your monthly expenses.  Subtract your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy line 12 (your combined monthly income) from Schedule I. Copy line 12 (your combined monthly income) from Schedule I. Copy line 12 (your combined monthly income) from Schedule I. Copy line 15 (your combined monthly income) from Schedule I. Copy line 15 (your combined monthly income) from Schedule I. Copy line 15 (your specific to finish paying for your car loan within the year of do you expect your expen	tites: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Corky's Pest Control Gardner Best Security d and housekeeping supplies dcare and children's education costs sing, laundry, and dry cleaning sonal care products and services lical and dental expenses sonal care products and services lical and dental expenses sonal care products and services lical and dental expenses striable contributions and religious donations rance. Tritable contributions and religious donations rance.  It is insurance deducted from your pay or included in lines 4 or 20. Life insurance Unber insurance Other insurance. Specify: Ses. Do not include taxes deducted from your pay or included in lines 4 or 20. City: allment or lease payments: Care payments for Vehicle 1 Care payments for Vehicle 2 Other. Specify: RV Other. Specify: R	ties: Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Ge. \$ Chher. Specify: Corky's Pest Control Gardner Best Security d and housekeeping supplies Grand housekeeping suppli

						_
Fill in this inform	nation to identify your	case:				
Debtor 1	Cal Anthony Peters					
20210.	First Name	Middle Name	Last	Name		
Debtor 2	Laurel Ann Peter	S				
(Spouse if, filing)	First Name	Middle Name	Last	Name		
United States Ba	nkruptcy Court for the:	SOUTHERN DISTRICT	OF CALIFO	RNIA		
Case number						
(if known)						☐ Check if this is an
						amended filing
o	4000					
Official Forn						
Declarat	ion About a	ın Individual	Debto	r's	Schedules	12/15
f two married pe	ople are filing togethe	r, both are equally respo	nsible for su	ıpplyir	ng correct information.	
You must file this	s form whenever you fi	le hankruntov schedules	s or amende	d sche	dules Making a false sta	atement, concealing property, or
						000, or imprisonment for up to 20
years, or both. 18	8 U.S.C. §§ 152, 1341, 1	519, and 3571.				
Sign	n Below					
Sigi	i below					
Did you pay	y or agree to pay some	one who is NOT an attor	ney to help	you fil	I out bankruptcy forms?	
■ No						
-						
☐ Yes. N	Yes. Name of person  Attach Bankruptcy Petition Preparer's Noti  Declaration, and Signature (Official Form 1					
					Deciaran	on, and Signature (Official Form 119)
	Ity of perjury, I declare e true and correct.	that I have read the sum	mary and so	hedul	es filed with this declara	tion and
X /s/ Cal	Anthony Peters		х	/s/ La	urel Ann Peters	
	thony Peters			Laurel Ann Peters		
	e of Debtor 1			Signat	ture of Debtor 2	
Date N	May 30, 2010			Date	May 30, 2010	
Date I	May 30, 2019			Dale	May 30, 2019	

Fill in th	is information to identify you	r caso:			
Debtor 1	Cal Anthony Per First Name	Middle Name	Last Name		
Debtor 2 (Spouse if,		rs Middle Name	Last Name		
United S	states Bankruptcy Court for the:	SOUTHERN DISTRICT	OF CALIFORNIA		
Case nu	mber				
(if known)				_	Check if this is an mended filing
Officia	al Form 107				
	al Form 107 ment of Financial	Affairs for Indivi	duals Filing for B	ankruptcy	4/19
Be as co	mplete and accurate as possion. If more space is needed,	ible. If two married people	are filing together, both are	equally responsible for sup	
	(if known). Answer every que		and forms on the top of an	y additional pages, write you	ii name ana sase
Part 1:	Give Details About Your Ma	arital Status and Where You	u Lived Before		
1. Wha	at is your current marital statu	ıs?			
	Married				
	Not married				
2. Duri	ing the last 3 years, have you	lived anywhere other than	where you live now?		
	No				
	Yes. List all of the places you	ived in the last 3 years. Do n	ot include where you live now	I.	
Del	otor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	Idress:	Dates Debtor 2 lived there
	92 Lilac Hill lley Center, CA 92082	From-To: <b>2012 - 2017</b>	■ Same as Debtor	1	Same as Debtor 1 From-To:
	nin the last 8 years, did you end territories include Arizona, Ca No Yes. Make sure you fill out Sca	lifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto R	, , ,	
Part 2	Explain the Sources of You	r Income			
Fill i	you have any income from er n the total amount of income yo u are filing a joint case and you	u received from all jobs and	all businesses, including part-	-time activities.	ndar years?
	No				
	Yes. Fill in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	nuary 1 of current year until you filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$103,019.30	☐ Wages, commissions, bonuses, tips	\$0.00
		☐ Operating a business		☐ Operating a business	
Official For	rm 107	Statement of Financial Af	fairs for Individuals Filing for B	ankruptcy	page '

page 1

Debt Debt			Anthony el Ann I					Ca	ase nur	mber (if known)		
					Debtor 1				D	ebtor 2		
					Sources	s of income I that apply.		s income e deductions and sions)	Sc	ources of inc		Gross income (before deductions and exclusions)
			r year: ecember	31, 2018 )	■ Wage	es, commissions, , tips		\$128,136.00		l Wages, com onuses, tips	missions,	\$0.00
					☐ Opera	ating a business				l Operating a	business	
				fore that: 31, 2017 )	■ Wage	es, commissions, , tips		\$125,255.00		l Wages, com	missions,	\$0.00
					☐ Opera	ating a business				Operating a	business	
	□ N	lo	irce and t	-	Debtor 1	ach source separa		not include income	De	ou listed in lin ebtor 2 ources of inc		Gross income
					Sources Describe		each (befor	source e deductions and	De	ources of inc escribe below		Gross income (before deductions and exclusions)
			r year: ecember	31, 2018 )	Retirem	ent Income	exclus	\$112,746.00	)			
	Are eit	ther D	ebtor 1's leither Dendividual pluring the No. Yes Subject	or Debtor 2 ebtor 1 nor I orimarily for a 90 days befor Go to line 7 List below a paid that continct include to adjustment or Debtor 2 of 90 days befor Go to line 7 List below a include pay	each credit or both have	family, or househod for bankruptcy, do refer to whom you panot include payme to an attorney for to an attorney for to an every 3 years of for bankruptcy, do refer to whom you pa	er debts? umer debts? did you pa did a total ents for do this bankr rs after th umer debt did you pa	ots. Consumer delete."  y any creditor a to of \$6,825* or more mestic support objuptcy case. at for cases filed outs.  y any creditor a to of \$600 or more a	e in on- e in on- ligation on or af otal of \$	e or more payns, such as character the date of 6600 or more?	re? ments and the support a fadjustment good paid that	
	Credi	tor's l	Name and	d Address		Dates of payme	ent	Total amount	Aı	mount you	Was this p	payment for
								paid		still owe		

Official Form 107

per person

Address:

Describe the gifts

Value

Dates you gave

the gifts

☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600

Person to Whom You Gave the Gift and

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

Deb	otor 2 Laurel Ann Peters		Ca	se number (if knowi	1)	
19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No		property to a sel	f-settled trust or	similar device c	of which you are a
	☐ Yes. Fill in the details.					
	Name of trust	Description and va	alue of the proper	y transferred		Date Transfer was made
Par	tt 8: List of Certain Financial Accounts, Instru	ıments, Safe Deposit	Boxes, and Stora	ge Units		
20.	Within 1 year before you filed for bankruptcy, versions, moved, or transferred? Include checking, savings, money market, or or houses, pension funds, cooperatives, associated.  No	ther financial accoun	ts; certificates of	•		
	Yes. Fill in the details.					
		ast 4 digits of ecount number	Type of account instrument	or Date acc closed, s moved, c transferr	or	Last balance before closing of transfe
21.	Do you now have, or did you have within 1 year cash, or other valuables?	r before you filed for	bankruptcy, any s	afe deposit box o	or other deposit	tory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution	Who also had ago	nos to it?	scribe the conte	nto	Do you still
	Address (Number, Street, City, State and ZIP Code)	Who else had accommoder, State and ZIP Code)		scribe the conte	115	Do you still have it?
22.	Have you stored property in a storage unit or p	place other than your	home within 1 yea	r before you file	d for bankrupto	y?
	■ No					
	Yes. Fill in the details.					
	Name of Storage Facility	Who else has or h	ad access De	scribe the conte	nts	Do you still
	Address (Number, Street, City, State and ZIP Code)	to it? Address (Number, St State and ZIP Code)				have it?
Par	t 9: Identify Property You Hold or Control for	Someone Else				
23.	Do you hold or control any property that some for someone.	one else owns? Inclu	de any property y	ou borrowed froi	n, are storing fo	or, or hold in trust
	■ No □ Yes. Fill in the details.					
		140				., .
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, St Code)		scribe the prope	rty	Value
Par	tt 10: Give Details About Environmental Inform	nation				
For	the purpose of Part 10, the following definitions	s apply:				
	Environmental law means any federal, state, or	r local statute or requ	lation concerning	pollution, contai	mination, releas	es of hazardous or

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Cal Anthony Peters

Deb	btor 2 Laurel Ann Peters		Case number (if known)	
24.	_	u that you may be liable or potentially liable	under or in violation of an environmental law?	
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Co	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you Date of notice know it	<b>)</b>
25.	Have you notified any governmental ur	nit of any release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Co	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you Date of notice know it	<del>)</del>
26.	Have you been a party in any judicial o	or administrative proceeding under any envir	ronmental law? Include settlements and orders.	
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case Status of the case	
Par	rt 11: Give Details About Your Busines	ss or Connections to Any Business		
27.	Within 4 years before you filed for bank	kruptcy, did you own a business or have any	y of the following connections to any business?	
	☐ A sole proprietor or self-emplo	yed in a trade, profession, or other activity,	either full-time or part-time	
	☐ A member of a limited liability of	company (LLC) or limited liability partnershi	p (LLP)	
	☐ A partner in a partnership			
	☐ An officer, director, or managir	ng executive of a corporation		
	☐ An owner of at least 5% of the	voting or equity securities of a corporation		
	■ No. None of the above applies. G	o to Part 12.		
	_	nd fill in the details below for each business.		
	Business Name	Describe the nature of the business	Employer Identification number	
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.	
28.	Within 2 years before you filed for bank institutions, creditors, or other parties.		Dates business existed o anyone about your business? Include all financial	
	■ No			
	☐ Yes. Fill in the details below.			
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued		

Debtor 1 Cal Anthony Peters

Case 19-03127-MM7 Filed 05/30/19 Entered 05/30/19 15:57:21 Doc 1 Pg. 43 of 71

Debtor 1	Cal Anthony Peters		
Debtor 2	Laurel Ann Peters		Case number (if known)
Part 12:	Sign Below		
I have rea	nd the answers on this Statement of F	inancial Affairs a	and any attachments, and I declare under penalty of perjury that the answers
are true a	nd correct. I understand that making	a false statement	t, concealing property, or obtaining money or property by fraud in connection
		o \$250,000, or imp	prisonment for up to 20 years, or both.
18 U.S.C.	§§ 152, 1341, 1519, and 3571.		
/s/ Cal A	Anthony Peters	/s/ La	aurel Ann Peters
Cal Ant	hony Peters	Laure	el Ann Peters
Signatur	e of Debtor 1	Signa	ature of Debtor 2
Date N	lay 30, 2019	Date	May 30, 2019
Did you a	ttach additional pages to Your Staten	nent of Financial	Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No	. •		
☐ Yes			
Did you p	ay or agree to pay someone who is n	ot an attorney to	help you fill out bankruptcy forms?
■ No			
☐ Yes. N	ame of Person . Attach the Bank	ruptcy Petition Pre	eparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this inforn	nation to identify your case:		
Debtor 1	Cal Anthony Peters		
	First Name Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	Laurel Ann Peters First Name Middle Name	Last Name	
. 0,			
United States Bar	nkruptcy Court for the: SOUTHERN DIS	STRICT OF CALIFORNIA	
Case number			☐ Check if this is an amended filing
Official Fo		viduals Filing Under Chapte	r 7 12/15
-	vidual filing under chapter 7, you must f	ill out this form if:	
	e claims secured by your property, or		
You must file this	ver is earlier, unless the court extends the	not expired. r you file your bankruptcy petition or by the date set he time for cause. You must also send copies to the	
	ople are filing together in a joint case, b	oth are equally responsible for supplying correct inf	ormation. Both debtors must
	and accurate as possible. If more space our name and case number (if known).	is needed, attach a separate sheet to this form. On the	ne top of any additional pages,
5 · / · · · · · · · · · · · · · · · · ·			
Part 1: List Yo	our Creditors Who Have Secured Claims		
		D: Creditors Who Have Claims Secured by Property	(Official Form 106D), fill in the
information be Identify the cre	editor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's <b>A</b>	merican Honda Finance	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property	2017 Honda Fit 8,000 miles Average Condition - Leasehold	Retain the property and enter into a Reaffirmation Agreement.	■ Yes
securing debt:	J	☐ Retain the property and [explain]:	-
Creditor's A	merican Honda Finance	☐ Surrender the property.	□ No
name:		Retain the property and redeem it.	<b>-</b>
Description of	2015 Honda Civic 38,000 miles	Retain the property and enter into a Reaffirmation Agreement.	Yes
property securing debt:	Average Condition	☐ Retain the property and [explain]:	-
Creditor's B	ank Of The West	☐ Surrender the property.	□ No
name:		Retain the property and redeem it.	<b>-</b>
Description of	2008 Coachmen Freelander	Retain the property and enter into a	■ Yes
property	21QB 50,000 miles Average Condition	Reaffirmation Agreement.  Retain the property and [explain]:	

Official Form 108

		Anthony Peters rel Ann Peters	Case number (if known)	
s	securing debt:			_
r	name:	Chase Mortgage	☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a	□ No ■ Yes
p	Description of property securing debt:	92029 San Diego County	Reaffirmation Agreement.  Retain the property and [explain]:  Retain and Pay	_
For in th	any unexpirene information	n below. Do not list real estate lease	ases listed in Schedule G: Executory Contracts and Unexpire es. Unexpired leases are leases that are still in effect; th ase if the trustee does not assume it. 11 U.S.C. § 365(p)(	e lease period has not yet ended.
Des	scribe your u	inexpired personal property leases		Will the lease be assumed?
Les	sor's name:			□ No
	scription of lea perty:	ased		☐ Yes
	sor's name: scription of lea	ased		□ No
Pro	perty:			☐ Yes
	sor's name: scription of lea	asad		□ No
	perty:	aseu		☐ Yes
	sor's name:			□ No
_	scription of lea perty:	ased		☐ Yes
	sor's name:			□ No
	scription of lea perty:	ased		☐ Yes
Les	sor's name:			□ No
	scription of lea perty:	ased		☐ Yes
Les	sor's name:			□ No
	scription of lea perty:	ased		☐ Yes
Par	t 3: Sign E	3elow		
		f perjury, I declare that I have indicat subject to an unexpired lease.	ted my intention about any property of my estate that se	ecures a debt and any personal
Х	/s/ Cal An	thony Peters	χ /s/ Laurel Ann Peters	
-		ony Peters	Laurel Ann Peters Signature of Debtor 2	
	Date N	May 30, 2019	Date May 30 2019	

Official Form 108

Fill in this infor	mation to identify your case:					ck one box only as o A-1Supp:	lirected in	this form and in	Form
Deplor	Cal Anthony Peters								
Debtor 2 (Spouse, if filing)	Laurel Ann Peters					1. There is no pres	umption o	f abuse	
United States	Bankruptcy Court for the: Southern District	of Califo	ornia		•	2. The calculation applies will be r	nade unde	er <i>Chapter 7 Me</i>	
Case number (if known)						3. The Means Test qualified military		apply now beca	
						☐ Check if this is a	n amend	led filina	
Official F	form 122A - 1				_		arrama	iou iiiiig	
-	7 Statement of Your Cui	ren	t Moı	nthly	Inco	ome			12/15
attach a separat case number (if qualifying milita	and accurate as possible. If two married people e sheet to this form. Include the line number to wand known). If you believe that you are exempted fro ry service, complete and file Statement of Exemparate alculate Your Current Monthly Income	vhich th m a pre	e addition sumption	nal informa of abuse b	ation ap	pplies. On the top of a e you do not have pri	ny additior narily cons	nal pages, write y sumer debts or b	our name and ecause of
1. What is	your marital and filing status? Check one or	nly.							
	parried. Fill out Column A, lines 2-11.	,							
■ Marrie	ed and your spouse is filing with you. Fill o	ut both	Columns	A and B,	lines 2	2-11.			
	ed and your spouse is NOT filing with you.								
	ing in the same household and are not lega		-	-		ımns A and B, lines	2-11.		
pei	ing separately or are legally separated. Fill nalty of perjury that you and your spouse are long apart for reasons that do not include evadi	egally s	separated	d under no	onbank	ruptcy law that appli	es or that		
101(10A). Fo the 6 months	erage monthly income that you received from all r example, if you are filing on September 15, the 6-n, add the income for all 6 months and divide the tota the same rental property, put the income from that p	nonth pe I by 6. Fi	riod would	be March f sult. Do not	1 throug t include	gh August 31. If the ame any income amount m	ount of your ore than or	monthly income value. For example,	raried during if both
						Column A Debtor 1	Column Debtor non-fili		
_	ess wages, salary, tips, bonuses, overtime, eductions).	and co	mmissio	ons (befor	re all	\$11,961.77	\$	0.00	
	and maintenance payments. Do not include 3 is filled in.	payme	ents from	a spouse	if (	\$	\$	0.00	
of you or from an u and room	Ints from any source which are regularly paryour dependents, including child support inmarried partner, members of your household mates. Include regular contributions from a spoon of include payments you listed on line 3.	Includd, your	le regulaı depende	contributi nts, paren	ions its, not	\$	\$	0.00	
5. Net inco	me from operating a business, profession,	or farr		tor 1					
0	points (hofore all dodustings)	\$	0.00	tor 1					
	ceipts (before all deductions) and necessary operating expenses	-\$	0.00						
,	hly income from a business, profession, or far	· –		Copy he	ere -> \$	0.00	\$	0.00	

Official Form 122A-1

Debtor 1 0.00

0.00 Copy here -> \$

0.00

0.00

\$

0.00

\$ **-**\$

6. Net income from rental and other real property

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

Gross receipts (before all deductions)

7. Interest, dividends, and royalties

0.00

0.00

	Laurel Ann Peters			Case number	er ( <i>if known</i> )			
				Column A Debtor 1		Column B Debtor 2 o	or	
Unem	ployment compensation			\$	0.00	\$	0.00	
	t enter the amount if you contend that the amount ocial Security Act. Instead, list it here:	received was a benef	fit unde	er				
For	you \$ your spouse \$	0.	00					
			00					
benefi	on or retirement income. Do not include any am it under the Social Security Act.			\$	0.00	\$	0.00	
Do not receive	ne from all other sources not listed above. Spe t include any benefits received under the Social S red as a victim of a war crime, a crime against hun stic terrorism. If necessary, list other sources on a relow.	ecurity Act or paymer nanity, or international	nts I or					
	·			\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		•	+ \$	0.00	\$	0.00	
	late your total current monthly income. Add lin column. Then add the total for Column A to the tot		\$	11,961.77	+ \$_	0.00	= \$_	11,961.77
	Determine Whether the Means Test Applies to	Follow these steps:						
12a. C	Copy your total current monthly income from line 1	1		Cop	y line 11	here=>	\$	11,961.77
M	Multiply by 12 (the number of months in a year)						х	
12b. T	The result is your annual income for this part of the	form				12	b. \$1	43,541.24
3. Calcu	late the median family income that applies to	ou. Follow these step	os:					
Fill in t	the state in which you live.	CA						
Fill in t	the number of people in your household.	2						
To find	the median family income for your state and size of a list of applicable median income amounts, go so form. This list may also be available at the bank	online using the link s	pecifie	d in the separ	ate instruc	tions 13	. \$	77,167.00
I. How c	do the lines compare?							
14a.	Line 12b is less than or equal to line 13. Or Go to Part 3.	n the top of page 1, ch	neck bo	ox 1, <i>There is</i>	no presun	nption of abu	se.	
14b.	Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	f page 1, check box 2	, The p	oresumption o	f abuse is	determined i	by Form 1	22A-2.
t 3:	Sign Below							
В	By signing here, I declare under penalty of perjury	that the information o	n this	statement and	in any att	achments is	true and c	correct.
X	/s/ Cal Anthony Peters	X /	s/ La	urel Ann Pe	ters			
^	Cal Anthony Peters Signature of Debtor 1		Laure	I Ann Peter ure of Debtor:	s			
Date	May 30, 2019 MM / DD / YYYY	Date I	May 3	0, 2019 D / YYYY				
If	f you checked line 14a, do NOT fill out or file Form		viivi / L	וווו / טי				
	. ,							

**Cal Anthony Peters** 

Fill in this info	ormation to identify your case:	Check the appropriate box as directed in
Debtor 1	Cal Anthony Peters	lines 40 or 42:
Debtor 2	Laurel Ann Peters	According to the calculations required by this Statement:
(Spouse, if filir	ng)	_
United States	Bankruptcy Court for the: Southern District of California	■ 1. There is no presumption of abuse.
Case number (if known)		☐ 2. There is a presumption of abuse.
O#: -: -1 F	Form 122A 2	☐ Check if this is an amended filing

### Official Form 122A - 2

### **Chapter 7 Means Test Calculation**

04/19

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Par	Determine Your Adjusted Income					
1.	Copy your total current monthly income. Copy	line 11 from Official For	m 122A-1 I	nere=>	\$	11,961.77
2.	Did you fill out Column B in Part 1 of Form 122A-1?  ☐ No. Fill in \$0 for the total on line 3.  ☐ Yes. Is your spouse Filing with you?  ☐ No. Go to line 3.  ☐ Yes. Fill in \$0 for the total on line 3.					
3.	Adjust your current monthly income by subtracting any part of household expenses of you or your dependents. Follow these so On line 11, Column B of Form 122A–1, was any amount of the incompanies of you or your dependents?  No. Fill in 0 for the total on line 3.  Yes. Fill in the information below:	teps:			for the hous	sehold
	State each purpose for which the income was used For example, the income is used to pay your spouse's tax desupport other than you or your dependents.	your spou	cting from			
		\$				
	Total.		0.00 Co	py total here=>.	<b>-</b> ¢	0.00
4.	Adjust your current monthly income. Subtract line 3 from line 1.					1,961.77

Official Form 122A-2

tor 2	Laurel Ann Peters		Case number (	(if known)	
t 2:	Calculate Your Deductions from Your Income				
o an	Internal Revenue Service (IRS) issues National and L Iswer the questions in lines 6-15. To find the IRS sta uctions for this form. This information may also be a	ndards, go online usir	ng the link specif	fied in the separate	
our a	uct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. Define in line 3 and do not deduct any operating expenses the	o not deduct any amou	nts that you subtra	acted fro your spous	se's
you	ur expenses differ from month to month, enter the averag	ge expense.			
/her	never this part of the from refers to you, it means both yo	ou and your spouse if C	olumn B of Form	122A-1 is filled in.	
	The number of people used in determining your ded	luctions from income			
F	Fill in the number of people who could be claimed as ex plus the number of any additional dependents whom yo the number of people in your household.			. '	2
	onal Standards You must use the IRS National	al Standards to answer t	he questions in lin	nes 6-7.	
atio	Tournation Tournation				
. I	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number of dollar amount for out-of-pocket health care. The number of the people who are 65 or older-because older people have higher than this IRS amount, you may deduct the additional standards.	d other items.  per of people you enterenter of people is split in a higher IRS allowance	ed in line 5 and the to two categories-	e IRS National Stand people who are un	der 65 and
. I	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have	d other items.  per of people you enterenter of people is split in a higher IRS allowance	ed in line 5 and the to two categories-	e IRS National Stand people who are un	dards, fill in der 65 and
. I	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional standards.	d other items.  per of people you enterenter of people is split in a higher IRS allowance	ed in line 5 and the to two categories-	e IRS National Stand people who are un	dards, fill in der 65 and
eop	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional of the standard people who are under 65 years of age	d other items.  per of people you entere inber of people is split in   a higher IRS allowance onal amount on line 22.	ed in line 5 and the to two categories-	e IRS National Stand people who are un	dards, fill in der 65 and
t t	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional olde who are under 65 years of age  7a. Out-of-pocket health care allowance per person	d other items.  per of people you entere inber of people is split in a higher IRS allowance onal amount on line 22.  \$	ed in line 5 and the to two categories-	e IRS National Stand people who are un osts. If your actual e	dards, fill in der 65 and expenses are
. I	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional old who are under 65 years of age  7a. Out-of-pocket health care allowance per person  7b. Number of people who are under 65	d other items.  per of people you entere inber of people is split in a higher IRS allowance onal amount on line 22.  \$	ed in line 5 and the to two categories- e for health care co	e IRS National Stand people who are un osts. If your actual e	dards, fill in der 65 and expenses are
eop	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number of dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional of the who are under 65 years of age  7a. Out-of-pocket health care allowance per person  7b. Number of people who are under 65  7c. Subtotal. Multiply line 7a by line 7b.	d other items.  per of people you entere inber of people is split in a higher IRS allowance onal amount on line 22.  \$	ed in line 5 and the to two categories- e for health care co	e IRS National Stand people who are un osts. If your actual e	dards, fill in der 65 and expenses are
eop	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number dollar amount for out-of-pocket health care. The number dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional who are under 65 years of age  7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b.	sper of people you enterenter of people is split in a higher IRS allowance onal amount on line 22.	ed in line 5 and the to two categories- e for health care co	e IRS National Stand people who are un osts. If your actual e	dards, fill in der 65 and expenses are
eop	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and Out-of-pocket health care allowance: Using the number of dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional of the who are under 65 years of age  7a. Out-of-pocket health care allowance per person  7b. Number of people who are under 65  7c. Subtotal. Multiply line 7a by line 7b.  9le who are 65 years of age or older  7d. Out-of-pocket health care allowance per person	s begins of people you entered the proof people is split in a higher IRS allowance on al amount on line 22.  S 55.00  X 2  S 110.00	ed in line 5 and the to two categories- e for health care co	e IRS National Stand people who are uncosts. If your actual e	dards, fill in der 65 and expenses are

**Cal Anthony Peters** 

Debtor 1 Cal Anthony Peters
Debtor 2 Laurel Ann Peters

Case number (if known)

Local Standards	You must use the IRS Local Standards to answer the questions in lines 8-15.
-----------------	---

		n information from the IRS, the U.S. Trustee Program	ı has div	vided the IRS L	ocal Stand	ard for h	nousing f	or		
_		ing and utilities - Insurance and operating expenses ing and utilities - Mortgage or rent expenses								
То	answ	er the questions in lines 8-9, use the U.S. Trustee Pr	ogram c	hart.						
		ne chart, go online using the link specified in the separate t may also be available at the bankruptcy clerk's office.	instruct	tions for this forr	n.					
8.		ising and utilities - Insurance and operating expense dollar amount listed for your county for insurance and						ill \$		588.00
9.	Hou	ising and utilities - Mortgage or rent expenses:								
	9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses						0.00			
	9b.	Total average monthly payment for all mortgages and o	ther deb	ots secured by y	our home.					
		To calculate the total average monthly payment, add al contractually due to each secured creditor in the 60 mo for bankruptcy. Then divide by 60.								
		Name of the creditor	Averaç payme	ge monthly ent						
		Chase Mortgage	\$	2,810.39						
		Total average monthly payment	\$	2,810.39	Copy here=>	-\$	2,81	0.39	Repeat this amount on line 33a.	
	9c.	Net mortgage or rent expense.								
		Subtract line 9b (total average monthly payment) from I or rent expense). If this amount is less than \$0, enter \$6			\$			Copy nere=>	\$	0.00
10.		ou claim that the U.S. Trustee Program's division of t cts the calculation of your monthly expenses, fill in a				g is inco	orrect and	t	\$	0.00

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

☐ 1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ 510.00

Debtor 1 Debtor 2		Inthony Peters el Ann Peters			Case	e numbe	r (if known)		
13.	You may		pense: Using the IRS Local if you do not make any loan						
Vel	nicle 1	Describe Vehicle 1:	2017 Honda Fit 8,000 m	niles Average Co	ndition	- Lea	sehold		
13a.	Ownersh	ip or leasing costs using	g IRS Local Standard			\$	508.00		
13b.	-	monthly payment for all	debts secured by Vehicle 1. vehicles.						
	are contr		y payment here and on line 1 cured creditor in the 60 mont						
	Nar	ne of each creditor for	Vehicle 1	Average monthly payment					
	Am	erican Honda Finar	ice	\$ 307.7	1				
		Total A	verage Monthly Payment	\$	4	opy ere =>	-\$307	Repeat this amount on line 33b.	
	Subtract		e expense if this amount is less than \$0,	enter \$0.		\$	200.29	Copy net Vehicle 1 expense here => \$	200.29
Vel	nicle 2	Describe Vehicle 2:	2015 Honda Civic 38,00	0 miles Average	Condi	tion			
13d.	Ownersh	ip or leasing costs using	g IRS Local Standard			\$	508.00		
13e.	Average leased v		debts secured by Vehicle 2.	Do not include cost	s for				
	Nar	ne of each creditor for	Vehicle 2	Average monthly payment					
	Am	erican Honda Finar	nce	\$ 78.9	8				
		Total A	verage Monthly Payment	\$	he	_	78.98	Repeat this amount on line 33c.	
13f.	Net Vehi	cle 2 ownership or lease	e expense					Copy net	
	Subtract	line 13e from line 13d. i	f this amount is less than \$0,	, enter \$0		\$	429.02	Vehicle 2 expense here => \$	429.02
14.			: If you claimed 0 vehicles in ce regardless of whether you			Stand	lards, fill in the I	Public \$_	0.00
15.	also ded	uct a public transportati	on expense: If you claimed 1 on expense, you may fill in w al Standard for <i>Public Trans</i>	hat you believe is th					217.00
l									

**Cal Anthony Peters** 

Debtor 1 Debtor 2 Cal Anthony Peters Laurel Ann Peters Case number (if known)

Oth	• •	In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	for	
16.	self-employment taxes, soci your pay for these taxes. Ho	nount that you will actually owe for federal, state and local taxes, such as income taxes, all security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12 mm the total monthly amount that is withheld to pay for taxes.		
	Do not include real estate, s	ales, or use taxes.	\$	2,636.50
17.	Involuntary deductions: The contributions, union dues, and	he total monthly payroll deductions that your job requires, such as retirement nd uniform costs.		
	Do not include amounts that	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
18.	filing together, include paym	onthly premiums that you pay for your own term life insurance. If two married people are lents that you make for your spouse's term life insurance. Do not include premiums for life ints, for a non-filing spouse's life insurance, or for any form of life insurance other than	\$	187.00
19.		The total monthly amount that you pay as required by the order of a court or as spousal or child support payments.		
	Do not include payments on	past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	Education: The total month  as a condition for your joint	ly amount that you pay for education that is either required: b, or		
	for your physically or me	ntally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthl	y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments for	any elementary or secondary school education.	\$	0.00
22.	that is required for the health	nenses, excluding insurance costs: The monthly amount that you pay for health care in and welfare of you or your dependents and that is not reimbursed by insurance or paid include only the amount that is more than the total entered in line 7.		
	Payments for health insuran	ice or health savings accounts should be listed only in line 25.	\$	910.50
23.	for you and your dependents	<b>lephone services:</b> The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of d by your employer.		
		basic home telephone, internet and cell phone service. Do not include self-employment borted on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	140.00
24.	Add all of the expenses all Add lines 6 through 23.	lowed under the IRS expense allowances.	\$	7,216.31

Debtor 1 Debtor 2 Cal Anthony Peters Laurel Ann Peters Case number (if known)

Add	itional	Expense Deductions	hese are additional de	eduction	ns allowed by th	e Means Test.		
		Λ	Note: Do not include ar	ny expe	ense allowances	listed in lines 6-24.		
25.	<b>Health insurance, disability insurance, and health savings account expenses.</b> The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.							
	Health	insurance		\$	530.00			
	Disabi	lity insurance		\$	0.00			
	Health	savings account		+ \$	0.00			
	Total			\$	530.00	Copy total here=>	\$	530.00
	Do you	u actually spend this total ar	nount?			J		
		No. How much do you actu	ually spend?					
		Yes		\$				
26.	continu	ue to pay for the reasonable	and necessary care a rimmediate family who	and sup o is una	port of an elderlable to pay for su	actual monthly expenses that you will y, chronically ill, or disabled member of uch expenses. These expenses may 9A(b).	\$	0.00
27.						nses that you incur to maintain the es Act or other federal laws that apply.		
	By law	, the court must keep the na	ature of these expense	s confi	dential.		\$	29.95
28.	8. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.							
		believe that you have home of ill in the excess amount of		more th	nan the home er	nergy costs included in expenses on line	•	
		ust give your case trustee d at claimed is reasonable and		actual e	expenses, and y	ou must show that the additional	\$	0.00
29.	\$170.8		or your dependent child			e monthly expenses (not more than han 18 years old to attend a private or		
		ust give your case trustee d d is reasonable and necess				ou must explain why the amount 23.		
	* Subje	ect to adjustment on 4/01/22	2, and every 3 years at	fter that	for cases begu	n on or after the date of adjustment.	\$	0.00
30.	higher		d clothing allowances	in the IF	RS National Star	ctual food and clothing expenses are ndards. That amount cannot be more		
		d a chart showing the maximations for this form. This cha				link specified in the separate rk's office.		
	You m	ust show that the additional	amount claimed is rea	asonabl	le and necessar	y.	\$	42.00
31.		nuing charitable contributi nents to a religious or charit				ntribute in the form of cash or financial	+\$	0.00
32.		II of the additional expens nes 25 through 31.	e deductions.				\$	601.95

**Laurel Ann Peters** Debtor 2 Case number (if known) **Deductions for Debt Payment** 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Mortgages on your home: Average monthly payment 33a. Copy line 9b here 2,810.39 Loans on your first two vehicles: 33b. Copy line 13b here 307.71 33c. Copy line 13e here 78.98 33d. List other secured debts: Name of each creditor for other secured debt Identify property that secures the debt Does payment include taxes or insurance? 2008 Coachmen Freelander 21QB No 50,000 miles **Bank Of The West Average Condition** 586.26 Yes ☐ No П Yes ☐ No ☐ Yes Copy total 3.783.34 33e. Total average monthly payment. Add lines 33a through 33d 3.783.34 here=> 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure Monthly cure amount amount -NONE- $\div 60 =$ \$ Copy total 0.00 Total \$ 0.00 here=> 35. Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ☐ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims\_\_\_\_\_ **7,325.00** ÷ 60 = \$

**Cal Anthony Peters** 

Debtor 1

Debtor 2	Laur	el Ann Peters		Ca	se n	umber ( <i>if known</i> )			
F	or more	eligible to file a case under Chapter 13? 11 U.S.C. § 1 information, go online using the link for Bankruptcy Bas ns for this form. Bankruptcy Basics may also be available	ics specified						
	J No.	Go to line 37.							
	Yes.	Fill in the following information.							
		Projected monthly plan payment if you were filing unde	r Chapter 13	3	\$	3,000.	00		
		Current multiplier for your district as stated on the list is	sued by the						
		Administrative Office of the United States Courts (for di and North Carolina) or by the Executive Office for Unite (for all other districts).			х	8.50			
		To find a list of district multipliers that includes your dist the link specified in the separate instructions for this for be available at the bankruptcy clerk's office.					Co	py total	
		Average monthly administrative expense if you were fili	ing under Ch	napter 13		\$ 255.00		re=> \$	255.00
		of the deductions for debt payment. ss 33e through 36.						\$	4,160.42
Tota	l Deduc	tions from Income							
38. <b>A</b>	dd all d	of the allowed deductions.							
		le 24, All of the expenses allowed under IRS e allowances	\$	7,216.3	1_				
	Copy lir	e 32, All of the additional expense deductions	\$	601.9	5				
	Copy lir	e 37, All of the deductions for debt payment	+\$	4,160.4	2	٦			
		Total deductions	\$	11,978.6	8_	Copy total her	<b>9</b>	=> \$	11,978.68
Part 3:	Det	ermine Whether There is a Presumption of Abuse							
39. <b>C</b>	alculat	e monthly disposable income for 60 months							
	39a. Co	py line 4, adjusted current monthly income	\$	11,961.7	7				
		py line 38, Total deductions	-\$	11,978.6	8				
		onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a	\$	-16.9 <sup>-</sup>	 1 _	Copy here=>\$		-16.91	
	For the	next 60 months (5 years)					60		
	39d. <b>To</b>	tal. Multiply line 39c by 60	39d.	\$		1 014 60	py re=>	\$	-1,014.60
40. <b>F</b>	ind out	whether there is a presumption of abuse. Check the	box that app	olies:					
ı	■ The I	ine 39d is less than \$8,175*. On the top of page 1 of th	is form, che	ck box 1, Th	ere	e is no presump	ion of a	abuse. Go to l	Part 5.
[		ine 39d is more than \$13,650*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5.	this form, c	neck box 2,	The	ere is a presum <sub>l</sub>	otion of	abuse. You r	nay fill out
	☐ The I	ine 39d is at least \$8,175*, but not more than \$13,650	)*. Go to line	41.					
*	Subject	to adjustment on 4/01/22, and every 3 years after that fo	r cases filed	on or after	the	date of adjustm	ent.		
	•					•			

**Cal Anthony Peters** 

Debtor 1

ebtor 1 ebtor 2		Anthony Peters rel Ann Peters	Case	e number (if	known)		
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If A Summary of Your Assets and Liabilities and Certain Statistical Schedules (Official Form 106Sum), you may refer to line 3b on the	Information	\$	.25	7.	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707 Multiply line 41a by 0.25		\$		Copy here=>	\$
25	% of y	ne whether the income you have left over after subtracting all a your unsecured, nonpriority debt. ne box that applies:	allowed deduc	tions is	enough to pa	ay	
		<b>39d is less than line 41b.</b> On the top of page 1 of this form, check part 5.	box 1, There i	is no pres	sumption of al	buse.	
		<b>39d is equal to or more than line 41b.</b> On the top of page 1 of th umption of abuse. You may fill out Part 4 if you claim special circum					
art 4:	Giv	ve Details About Special Circumstances					
	es. Fil ite Yo ne	to to Part 5.  If in the following information. All figures should reflect your average of the many include expenses you listed in line 25.  The most give a detailed explanation of the special circumstances the excessary and reasonable. You must also give your case trustee documents.	at make the exp	oenses oi	r income adju	stments	ach
	G	Give a detailed explanation of the special circumstances			onthly expens djustment	se	
			\$				
			 \$				
	_		 \$				
	_		•				
	_   a:-	··· Pala	Φ				
art 5:	_	gn Below gning here, I declare under penalty of perjury that the information o	n this statemer	nt and in a	any attachme	nts is true	and correct
						ino io tiub	and correct.
			/s/ Laurel An Laurel Ann F		S		
			Signature of De				
Da	te M	ay 30, 2019 Date _	May 30, 2019 MM / DD / YYY	YY			

Debtor 1 Debtor 2 Laurel Ann Peters Case number (if known)

### **Current Monthly Income Details for the Debtor**

**Debtor Income Details:** 

Income for the Period 11/01/2018 to 04/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Falmat Inc.

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$\frac{\$113,244.34}{\$113,244.34}\$ from check dated \$\frac{10/31/2018}{\$12/31/2018}\$.

This Year:

Current Year-to-Date Income: \$42,415.44 from check dated 4/30/2019 .

Income for six-month period (Current+(Ending-Starting)): \$71,770.63 .

Average Monthly Income: \$11,961.77.

Revised: 1/24/13

Name, Address, Telephone No. & I.D. No. John M. Given SBN 285745
16870 W. Bernardo Drive, Suite 400
San Diego, CA 92127
(858) 815-3545
SBN 285745 CA

### UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF CALIFORNIA 325 West "F" Street, San Diego, California 92101-6991

In Re
Cal Anthony Peters
Laurel Ann Peters

Tax I.D. / S.S. #: xxx-xx-6388/xxx-xx-0860

Debtor.

BANKRUPTCY NO.

### UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF CALIFORNIA RIGHTS AND RESPONSIBILITIES OF CHAPTER 7 DEBTORS AND THEIR ATTORNEY

In order for debtors and their attorneys to understand their rights and responsibilities in the bankruptcy process, the following terms of engagement are hereby agreed to by the parties.

Nothing in this agreement should be construed to excuse an attorney from any ethical duties or responsibilities under Federal Rule of Bankruptcy Procedure 9011 and the Local Bankruptcy Rules.

## I. Services Included in the Initial Fee Charged

The following are services that an attorney must provide as part of the initial fee charged for representation in a Chapter 7 case:

- 1. Meet with the debtor to review the debtor's assets, liabilities, income and expenses.
- 2. Analyze the debtor's financial situation, and render advice to the debtor in determining whether to file a petition in bankruptcy.
- 3. Describe the purpose, benefits, and costs of the Chapters the debtor may file, counsel the debtor regarding the advisability of filing either a Chapter 7, 11, or 13 case, and answer the debtor's questions.
- 4. Advise the debtor of the requirement to attend the Section 341(a) Meeting of Creditors, and instruct the debtor as to the date, time and place of the meeting.
- 5. Advise the debtor of the necessity of maintaining liability, collision and comprehensive insurance on vehicles securing loans or leases.

- 6. Timely prepare, file and serve, as required, the debtor's petition, schedules, Statement of Financial Affairs, and any necessary amendments to Schedule C.
- 7. Provide documents pursuant to the Trustee Guidelines and any other information requested by the Chapter 7 Trustee or the Office of the United State Trustee.
- 8. Provide an executed copy of the Rights and Responsibilities of Chapter 7 Debtors and their Attorneys to the debtor.
- 9. Appear and represent the debtor at the Section 341(a) Meeting of Creditors, and any continued meeting, except as further set out in Section II.
- 10. File the Certificate of Debtor Education if completed by the debtor and provided to the attorney before the case is closed.
- 11. Attorney shall have a continuing obligation to assist the debtor by returning telephone calls, answering questions and reviewing and sending correspondence.
- 12. Respond to and defend objections to claim(s) of exemption arising from attorney error(s) in Schedule C.

# II. Services Included as Part of Chapter 7 Representation, Subject to an Additional Fee

The following are services, included as part of the representation of the debtor, but for which the attorney may charge additional fees.

- 1. Representation at any continued meeting of creditors due to client's failure to appear or failure to provide required documents or acceptable identification;
- 2. Amendments, except that no fee shall be charged for any amendment to Schedule C that may be required as a result of attorney error;
- 3. Opposing Motions for Relief from Stay;
- 4. Reaffirmation Agreements and hearings on Reaffirmation Agreements;
- 5. Redemption Motions and hearings on Redemption Motions;
- 6. Preparing, filing, or objecting to Proofs of Claims, when appropriate, and if applicable;
- 7. Representation in a Motion to Dismiss or Convert debtor's case;
- 8. Motions to Reinstate or Extend the Automatic Stay;
- 9. Negotiations with Chapter 7 Trustee in aid of resolving nonexempt asset, turnover or asset administration issues.

### III.

## Additional Services Not Included in the Initial Fee Which Will Require a Separate Fee Agreement

The following services are <u>not</u> included as part of the representation in a Chapter 7 case, unless the attorney and debtor negotiate representation in these post-filing matters at mutually agreed upon terms in advance of any obligation of the attorney to render services. Unless a new fee agreement is negotiated between debtor and attorney, attorney will not be required to represent the debtor in these matters:

- 1. Defense of Complaint to Determine Non-Dischargeability of a Debt or filing Complaint to determine Dischargeability of Debt;
- 2. Defense of a Complaint objecting to discharge;
- 3. Objections to Claim of Exemption, except where an objection arises due to an error on Schedule C;
- 4. Sheriff levy releases;
- 5. Section 522(f) Lien Avoidance Motions;
- 6. Opposing a request for, or appearing at a 2004 examination;
- 7. All other Motions or Applications in the case, including to Buy, Sell, or Refinance Real or other Property;
- 8. Motions or other proceedings to enforce the automatic stay or discharge injunction;
- 9. Filing or responding to an appeal;
- 10. An audit of the debtor's case conducted by a contract auditor pursuant to 28 U.S.C. Section 586(f).

#### IV.

### **Duties and Responsibilities of the Debtor**

As the debtor filing for a Chapter 7 bankruptcy, you must:

- 1. Fully disclose everything you own, lease, or otherwise believe you have a right or interest in prior to filing the case;
- 2. List everyone to whom you owe money, including your friends, relatives or someone you want to repay after the bankruptcy is filed;
- 3. Provide accurate and complete financial information;
- 4. Provide all requested information and documentation in a timely manner, in accordance with the Chapter 7 Trustee Guidelines;
- 5. Cooperate and communicate with your attorney;
- 6. Discuss the objectives of the case with your attorney before you file;

- 7. Keep the attorney updated with any changes in contact information, including email address;
- 8. Keep the attorney updated on any and all collection activities by any creditor, including lawsuits, judgments, garnishments, levies and executions on debtor's property;
- 9. Keep the attorney updated on any changes in the household income and expenses;
- 10. Timely file all statutorily required tax returns;
- 11. Inform the attorney if there are any pending lawsuits or rights to pursue any lawsuits;
- 12. Appear at the Section 341(a) Meeting of Creditors, and any continued Meeting of Creditors;
- 13. Bring proof of social security number and government issued photo identification to the Section 341(a) Meeting of Creditors;
- 14. Provide date-of-filing bank statements to the attorney no later than 7 days after filing of your case;
- 15. Pay all required fees prior to the filing of the case;
- 16. Promptly pay all required fees in the event post filing fees are incurred;
- 17. Debtors must not direct, compel or demand their attorney to take a legal position or oppose a motion in violation of any Ethical Rule, any Rule of Professional Conduct, or Federal Rule that is not well grounded in fact or law.

Dated:	May 30, 2019	/s/ Cal Anthony Peters
		Cal Anthony Peters
		Debtor
Dated:	May 30, 2019	/s/ Laurel Ann Peters
		Laurel Ann Peters
		Debtor
Dated:	May 30, 2019	/s/ John M. Given SBN
		John M. Given SBN 285745
		Attorney for Debtor(s)

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

## Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Southern District of California

In	Cal Anthony Peters Laurel Ann Peters		Case No					
		Debtor(s)	Chapter	7				
	DISCLOSURE OF COMPENSAT	ION OF ATTO	ORNEY FOR D	EBTOR(S)				
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I cer compensation paid to me within one year before the filing of the be rendered on behalf of the debtor(s) in contemplation of or in contemplation.	petition in bankrupto	y, or agreed to be pai	d to me, for services render	ed or to			
	For legal services, I have agreed to accept		\$	1,900.00				
	Prior to the filing of this statement I have received		\$	1,900.00				
	Balance Due		\$	0.00				
2.	\$_335.00 of the filing fee has been paid.							
3.	The source of the compensation paid to me was:							
	■ Debtor □ Other (specify):							
4.	The source of compensation to be paid to me is:							
	■ Debtor □ Other (specify):							
5.	■ I have not agreed to share the above-disclosed compensation	with any other perso	on unless they are men	mbers and associates of my	law firm.			
	☐ I have agreed to share the above-disclosed compensation wit copy of the agreement, together with a list of the names of the				rm. A			
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:							
	<ul> <li>a. Analysis of the debtor's financial situation, and rendering adv</li> <li>b. Preparation and filing of any petition, schedules, statement of</li> <li>c. Representation of the debtor at the meeting of creditors and c</li> <li>d. [Other provisions as needed]</li> <li>Prepetition case preparation and planning, elect</li> </ul>	f affairs and plan whi confirmation hearing,	ch may be required; and any adjourned he	earings thereof;	ey;			
7.	By agreement with the debtor(s), the above-disclosed fee does not Representation of the debtors in any discharge matters, abandonment of assets, relief from state secured creditors to reduce to market value; repreparation and filing of motions pursuant to 1 real estate, amendments, 2004 examinations, a objections to proofs of claims, and retrieval of	eability actions, stay ay actions or any o eaffirmation agree 1 USC 522(f)(2)(A) pplication to reop	ay violations, judionther adversary proments, redemption for avoidance of en case, chapter of	oceeding, negotiations ns, objections to exemp liens on household goo	with tions;			
	CER	TIFICATION						
this	I certify that the foregoing is a complete statement of any agreen bankruptcy proceeding.	nent or arrangement f	or payment to me for	representation of the debtor	r(s) in			
_	May 30, 2019  Date	San Diego, CA	SBN 285745  ney ohn M. Given urdo Drive, Suite 4 92127  Fax: (858) 630-54					

CSD 1008 [08/21/00] Name, Address, Telephone No. & I.D. No. John M. Given SBN 285745 16870 W. Bernardo Drive, Suite 400 San Diego, CA 92127 (858) 815-3545 SBN 285745 CA		
UNITED STATES BANKRUP  SOUTHERN DISTRICT OF CA  325 West "F" Street, San Diego, Ca	LIFORNIA	
In Re Cal Anthony Peters Laurel Ann Peters		BANKRUPTCY NO.
	Debtor.	
VER	RIFICATION OF CREDITO	R MATRIX
PART I (check and complete one):		
New petition filed. Creditor <u>diskette</u> required.		TOTAL NO. OF CREDITORS: 21
□ Conversion filed on See instructions on reverse side. □ Former Chapter 13 converting. Creditor diskette required. □ Post-petition creditors added. Scannable matrix required. □ There are no post-petition creditors. No matrix required.		TOTAL NO. OF CREDITORS:
Amendment or Balance of Schedules filed concur Equity Security Holders. See instructions on revo ☐ Names and addresses are bei ☐ Names and addresses are bei ☐ Names and addresses are bei	erse side. ng ADDED. ng DELETED.	le matrix affecting Schedule of Debts and/or Schedule of
PART II (check one):		
The above-named Debtor(s) hereby verifies that	the list of creditors is true and cor	rect to the best of my (our) knowledge.
☐ The above-named Debtor(s) hereby verifies that the filing of a matrix is not required.	there are no post-petition creditor	s affected by the filing of the conversion of this case and that
Date: May 30, 2019	/s/ Cal Anthony Peters	
	Cal Anthony Peters Signature of Debtor	
Date: May 30, 2019	/s/ Laurel Ann Peters	
Date. 1949 00, 2010	Laurel Ann Peters	
	Signature of Debtor	

### Case 19-03127-MM7 Filed 05/30/19 Entered 05/30/19 15:57:21 Doc 1 Pg. 68 of 71

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#### INSTRUCTIONS

- 1) Full compliance with Special Requirements for Mailing Addresses (CSD 1007) is required.
- 2) A creditors matrix with Verification is required whenever the following occurs:
  - a) A new petition is filed. Diskette required.
  - b) A case is converted on or after SEPTEMBER 1, 2000. (See paragraph 4b concerning post-petition creditors.)
  - c) An amendment to a case on or after SEPTEMBER 1, 2000, which adds, deletes or changes creditor address information on the debtor's Schedule of Debts and/or Schedule of Equity Security Holders. Scannable matrix format required.
- 3) The scannable matrix must be <u>originally</u> typed or printed. It may not be a copy.
- 4) CONVERSIONS:
  - a) When converting a Chapter 13 case filed before SEPTEMBER 1, 2000, to another chapter, <u>ALL</u> creditors must be listed on the mailing matrix at the time of filing and accompanied by a <u>Verification</u>. Diskette required.
  - b) For Chapter 7, 11, or 12 cases converted on or after SEPTEMBER 1, 2000, only post-petition creditors need be listed on the mailing matrix. The matrix and Verification must be filed with the post-petition schedule of debts and/or schedule of equity security holders. If there are no post-petition creditors, only the verification form is required. Scannable matrix format required.
- 5) AMENDMENTS AND BALANCE OF SCHEDULES:
  - a) <u>Scannable matrix format required.</u>
  - b) The matrix with <u>Verification</u> is a document separate from the amended schedules and may not be used to substitute for any portion of the schedules. IT MUST BE SUBMITTED WITH THE AMENDMENT/BALANCE OF SCHEDULES.
  - c) Prepare a separate page for each type of change required: ADDED, DELETED, or CORRECTED. On the **REVERSE** side of each matrix page, indicate which category that particular page belongs in. Creditors falling in the same category should be placed on the same page in alphabetical order.
- 6) Please refer to CSD 1007 for additional information on how to avoid matrix-related problems.

American Honda Finance Attn: Bankruptcy Po Box 168088 Irving, TX 75016

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

Bank Of America 4909 Savarese Circle Fl1-908-01-50 Tampa, FL 33634

Bank Of The West Attn: Bankruptcy 180 Montgomery Street 25th Floor San Francisco, CA 94104

Bright Now Dental P.O. Box 52858 Irvine, CA 92619

Chase Card Services Attn: Bankruptcy Po Box 15298 Wilmington, DE 19850

Chase Mortgage Attn: Bankruptcy Dept Po Box 24696 Columbus, OH 43224

Citi/Sears Citibank/Centralized Bankruptcy Po Box 790034 St Louis, MO 63179 Citibank/The Home Depot Attn: Recovery/Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

Comenity Bank/Pier 1 Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/Torrid Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Franchise Tax Board - BK Dept. P.O. Box 2952 Sacramento, CA 95812-2952

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Kohls/Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Syncb/car Care Exprss Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/ JC Penneys Attn: Bankruptcy Po Box 956060 Orlando, FL 32896 Synchrony Bank/Care Credit Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank/Gap Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank/Lowes Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/TJX Po Box 965015 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 965060 Orlando, FL 32896